6 INTEGRATION AND INDEPENDENCE

A Demographic Profile of People with Disabilities, and Policy Options for the 1991 Central Area Plan

Cityplan '91

City of Toronto
Planning & Development Department

Robert E. Millward
Commissioner

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There were 150,720 more severely disabled people in Metro Toronto in 1986; about 1 person in 14.

Photo: Barrier Free Design Centre

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Executive Summary

The Rationale and HALS

This report is intended to contribute to Cityplan '91, the updating of the urban plan for the central area of the City, by focusing on people with disabilities. The report provides a demographic profile of disabled persons in Metropolitan Toronto and describes the growing importance of issues related to disability. These issues are discussed in the context of the City of Toronto, and on this basis amendments are proposed to policies of the *Official Plan* and regarding public participation. The proposed policies are intended to increase the recognition in the *Official Plan* of the concerns people with disabilities have about the urban environment. The objective is to recommend planning policies and related initiatives which assist in the pursuit of social equity among elderly, infirm and disabled persons, and non-disabled persons.

The demographic profile is based primarily on the nation-wide Health and Activity Limitation Survey (HALS) of households and institutions conducted by Statistics Canada during 1986-87. Approximately 200,000 interviews were conducted, and the results were weighted to estimate the total disabled population. The results for relatively small spatial areas were released in mid-1988, providing information at a scale and level of detail not previously available. Due to the survey methodology, persons with less severe disabilities tended not to identify themselves as having a disability in a screening question and thus are not adequately represented. Results for this group in areas smaller than provinces are statistically less reliable. The results analyzed therefore focus on "more severely disabled persons". This report examines more severely disabled persons living in Metropolitan Toronto households, and includes estimates of the numbers of all persons with disabilities.

A Demographic Profile

Based on the HALS results, disabled persons in households and institutions comprise 13.9% of the population of Ontario or 1,263,210 people. More severely disabled persons in households comprise 54.5% of that 13.9% or 7.6% of Ontario; 688,600 people. In Metropolitan Toronto, the comparable figures are 12.6% and 6.9%, respectively. Thus, the profile tends to be a conservative estimate of proportions of the population with disabilities. The incidence of more severe disability is approximately 1 person in 14. The incidence increases dramatically with age, as does severity; 1 in 5 seniors are more severely disabled. Due to the overall aging of the population, City planning staff have estimated that, in Metro, the number of more severely disabled

persons in households could rise from 150,720 in 1986 to 224,505 in 2011, an increase of 49%. The number of all persons with disabilities is projected to rise from an estimated 276,590 to 411,850 between 1986 and 2011. Three-fifths of more severely disabled seniors in households are women.

Many persons who are more severely disabled experience multiple disabilities; the most-often reported disabilities are related to mobility and agility, affecting 72.1% and 61.1% of people with disabilities, respectively. The presence of disabilities causes some persons to seek assistance from others in accomplishing a variety of tasks; at least 80% of such assistance comes from family, friends and relatives, the proportion varying with the task. The ability to participate in leisure activities is affected by disabilities: 1 in 3 more severely disabled persons in households expressed a desire to participate more; just over 1 in 4 indicated that their disabilities prevent them from doing so.

Almost 28% of the total population has attained a post-secondary degree, diploma or certificate as compared to 16.7% of more severely disabled persons in households in Metro. Conversely, 34.3% of more severely disabled persons have attained less than Grade 9 as their highest level of education as compared to 15.8% of the total population. Only 45% of more severely disabled persons in households 15-64 years of age participated in the labour force in 1986 versus 80% of the total population; disability restricts the kind or amount of work for at least 76% of employed, unemployed, and non-participating members of the labour force of persons who have more severe disabilities. The median total annual income of more severely disabled persons in households is approximately $9,000 in Metro and $9,550 in Metro's inner three municipalities as compared to $16,100 for persons in the total Metro population.

This demographic profile suggests that as the population ages, the number of more severely disabled persons will increase at three times the rate of growth of the total population over the period 1986 to 2011. The number of seniors with disabilities will rise significantly, at a rate more than five times the rate of growth of the total population; the number of persons with disabilities of pre-retirement age will grow at almost the same rate. Based on projections prepared by City planning staff, it is estimated that the proportion of the total population which is 65 years of age and over is likely to increase from 11.5% in 1986 to 17.7% by 2011, and the proportion of the total that is composed of elderly persons with disabilities is likely to increase from 2.6% to 3.9% over the same period. This represents more than one-third of all more severely disabled persons. It also follows that the severity of disabilities on average will increase over time.

In short, this study shows the extent to which the disabled population is poorer, has lower levels of education, higher unemployment, lower participation rates in the labour force and is more highly concentrated amongst the elderly and women than the population in general. The study also shows how much the disabled population will grow in future as a proportion of the total population.

Issues

Social equity is reflected in the dignity that each person is accorded, and in the degree to which society permits and encourages all persons to pursue their aspirations to the fullest of their talents. However, the demographic profile suggests that there exist circumstances which tend to impair social equity.

To the degree to which disabilities are related to age, the general aging of the population can be expected to result in a rapid growth in the number of disabled persons. Consequently, there will likely be an increased demand for services for elderly and disabled persons. However, the diversity of disabilities makes it difficult to design cost-effective programs and services, particularly when disabled persons are viewed as a "special interest group" rather than an integral part of society. The recognition of rights regarding the participation in society of an individual as an equal with all others is a useful framework for identifying disparities in social equity.

The disparity in the level of participation of more severely disabled persons in households compared to the total population with regards to education, the labour force, leisure activities, and taking short-distance trips suggests a comparative "isolation" from "mainstream" society. This represents a lack of opportunity for self-determination on the part of more severely disabled persons in households. Integrated transportation services which combine door-to-door and accessible fixed-route services (e.g. wheelchair-accessible rapid transit stops) are essential to lessening this isolation. The lack of opportunity for self-determination is due in part to disabilities, in part to physical barriers to participation, and in part to unintentional and intentional systemic discrimination. Systemic discrimination results when requirements, qualifications, or factors for a product, service or for employment appear neutral, but which have the effect of placing at a disadvantage members of groups designated by the Ontario *Human Rights Code*. (For example, a requirement that a person must work on Saturdays can result in discrimination if that person practices a religion which observes the Sabbath on Saturdays.)

The comparatively large proportion of disabled senior women would seem to identify a "feminization" of disabilities, the situation in which a significantly greater proportion of women experience disabilities as compared to men. When combined with the degree of dependency associated with disabilities, and the apparent relationship between disabilities, formal education, employment and annual income, this observation begins to give us a more complete picture of the circumstances of the disabled population. In many cases, the presence of disabilities interferes with formal education and labour force participation. This suggests that disabilities, and the obstacles to participation that arise from physical, systemic and attitudinal barriers, contribute to poverty among disabled persons and the feminization of poverty.

The Policy Context

The evolution of the national agenda on disability sets the environment within which City policy is created and actions are taken. It is within this context that the City must update its *Official Plan* to reflect the growing awareness within the Corporation, within the City limits, and well beyond, of the rights and abilities of disabled persons, and their largely untapped capabilities of making valuable contributions to society.

The United Nations declared 1981 the International Year of Disabled Persons. In response, the Federal Government formed a Special Parliamentary Committee to report on the needs and concerns of disabled persons in Canada. Also in 1981, disability was included as a prohibited ground for discrimination in *The Charter of Rights and Freedoms* and the *Canadian Human Rights Act*. The final report of the Special Committee, entitled *Obstacles*, was a rallying point for debate and action. Terry Fox's run in aid of cancer research, Steven Fonyo's run across Canada and Rick Hansen's wheelchair tour of the world have greatly increased the recognition of the concerns and abilities of disabled persons. Statistics Canada undertook the Canadian Health and Disability Survey (CHDS) during 1983-84, and the Health and Activity Limitation Survey (HALS) of households and institutions during 1986-87. Issues regarding discrimination through lack of accessibility, barrier-free design, "sheltered workshops", deinstitutionalization, accessible public transit and employment equity have received increasing attention throughout the 1980s.

Key Initiatives of the City of Toronto

Significant efforts have been made by the City to recognize and respect the rights, autonomy and dignity of disabled persons. Over the last 15 years, the Corporation of the City of Toronto has developed increasing awareness of the factors affecting the quality of life of persons with disabilities. City Council has taken action with the goal of making Toronto a truly accessible city, a community in which all persons, regardless of disability or handicap, are treated with equality and dignity. The Mayor's Task Force regarding disability contained recommendations which have been pursued when they fell within the City's jurisdiction. The *Official Plan* was amended in 1975 to recognize accessibility concerns. By-laws have been amended to provide parking spaces for disabled persons and allow disabled persons certain exemptions from parking regulations. Curb ramps have been installed in nearly all sidewalks at intersections in the Central Core Area. There is a no-charge snowclearing service for elderly and physically disabled persons, as well as at some Wheel-Trans pick-up locations.

Council uses *Development Review Guidelines for a Barrier-free Environment* to require developers to make their buildings accessible to disabled persons through the Development Review process. Cityhome's five-year plan will see the development of five

thousand housing units in total; the buildings will contain units accessible to people with physical disabilities as well as units that can be modified to suit various other disabilities. Cityhome has a policy that 5% of the units in some of its projects will be wheelchair-accessible. The City's Action Committee for People with Disabilities has established the goal that all City buildings and facilities (including parks) be accessible by the year 2000, and retrofits of such facilities have been proceeding for several years.

In 1984 the Department of Parks and Recreation hosted the Ontario Games for the Physically Disabled. That same year, Council approved the 10-Year Concept Plan of Major Recreation Facilities, which includes the objective of integrating disabled and non-disabled persons. Since 1986, there have been significant outreach activities to serve persons with special needs. The Department of Public Health has sponsored the annual Conference for Disabled Teens, and has developed a draft policy statement on access for disabled persons to its services.

Since 1975, the City has had formal programs in place to achieve employment equity. The City's Outreach Recruitment Program of 1981 became a part of the Goals and Timetables Action Plans for civic departments; these were implemented July 1, 1988. The Goals and Timetables program contains strategies to increase the hiring of designated groups, including people with disabilities, by City Departments based on the under-representation of such groups in City staff by occupation. These Action Plans and the employment equity *Guidelines* document for managers are particularly important in order for the City to show leadership in the area of employment equity. This proactive initiative is in keeping with recent amendments to the Ontario *Human Rights Code* which place the onus on the employer or service provider to make "reasonable accommodation" of the needs of people with disabilities.

A New Public Transit Policy

The TTC has recently released a report on increasing the accessibility of local transportation services. The recommended option is designed to provide "partial accessibility" to both conventional and rapid transit with kneeling buses, a community bus service, the retrofitting of 20 key rapid transit stations for full accessibility, and a much-improved Wheel-Trans service. The recommended option would greatly improve access to transportation services. The disabled community has expressed strong support for its adoption; some describe it as a "first step" in creating a fully-accessible public transportation system. The report has been adopted by the Commission, and is to go before Metro Council early in 1990.

Key Recommendations

The recommendations contained in this report seek to respond to the issues raised by the demographic profile, and to the evolution of the public agenda regarding the social integration of people with disabilities. The primary recommendation is to amend the *Official Plan* by linking Council policy and encouragement of the public and private sectors to provide accessible buildings, facilities and community services to the proportion of persons experiencing disabilities in the community. The secondary but equally essential recommendations are directed at increasing access of disabled persons to the planning process through the existing forums of public participation. Key elements to improved access to the process are: the increased awareness of civic staff to the communication needs of people with disabilities; information dissemination in a format usable by persons with different disabilities; and sign language translation of public meetings.

1

Rationale

In Canada, elderly and disabled persons are among the fastest growing identifiable groups in the total population [Transport Canada, 1988, pp. 18-19]. The overall aging of the population, and the growth of the 65 years and over age group as the baby boom reaches old age, require attention in terms of policy and services to ensure that the varied needs of all members of society can be met, and will be met. In order to better address matters regarding people with disabilities within the context of the social equity theme of Cityplan '91, the central area plan review, this analysis provides a demographic profile of disabled persons within the City and Metropolitan Toronto. It is based on the recently-published results of the extensive Health and Activity Limitation Survey (HALS) by Statistics Canada.

HALS was a comprehensive survey of persons with disabilities across Canada, providing results for municipal regions and some subregional urban areas. As such, it is the first survey of its kind in Canada, yielding information about persons with disabilities in Metropolitan Toronto on a wide range of topics. To the degree to which disability is related to age, the general aging of the population will likely result in disabilities becoming more prevalent. Consequently, there will likely be increased demand for services for disabled and senior citizens. Analysis of the HALS results should assist Cityplan '91, the effort by helping to determine the extent of the size and growth of the disabled population in Metropolitan Toronto, and identify the effects that disability has on an individual's quality of life.

On this basis, the evolving public agenda of issues related to disability is reviewed, including the initiatives of City Council and the recently-amended Ontario *Human Rights Code*. Together, the historical review and demographic profile provide a social context and a window on the future by which the City can consider future courses of action. Viewing the existing *Official Plan* policies in this broader context, it is imperative that they be revised in order to ensure that City Council has in place land use policies and related programs to allow the City to meet its growing future responsibilities and continue its pursuit of social equity.

Photo: Barrier Free Design Centre

2

Basis of the Profile

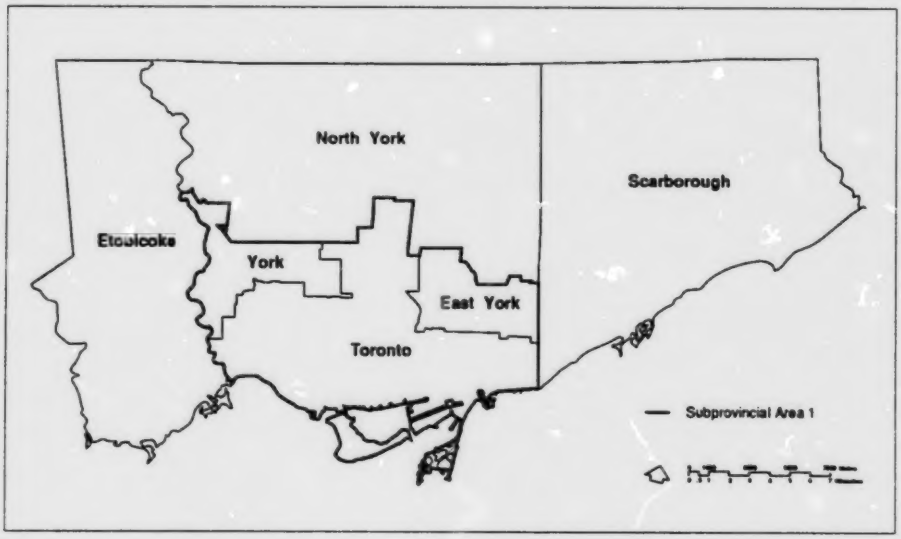
The United Nations declared 1981 the International Year of Disabled Persons. In preparing for the UN declaration, the Federal Government formed the Special Parliamentary Committee on the Disabled and the Handicapped to report on the needs and concerns of disabled persons in Canada. In 1981, the final report entitled *Obstacles* cited a lack of national data regarding persons with disabilities. In response, Statistics Canada undertook the Canadian Health and Disability Survey (CHDS) during 1983-84. The 1986 Census of Canada included a question regarding the presence of activity limitations in order to select individuals for a post-censal survey. Subsequently, Statistics Canada conducted the Health and Activity Limitation Survey of households and institutions during 1986-87. Approximately 200,000 interviews were conducted, and the results were weighted to estimate the total disabled population [Statistics Canada, 1989, pp.1-2]. The results for relatively small spatial areas were released in mid-1988, providing information at a scale and level of detail not previously available.

The results of the survey analyzed in this report apply primarily to Metropolitan Toronto. In order to improve the statistical reliability of the results for some geographic areas such as cities, Statistics Canada grouped the results for some of the smaller municipalities. The City of Toronto was grouped with the City of York and the Borough of East York, which together are the inner three municipalities of Metropolitan Toronto, to create "Subprovincial Area 1" (SPA 1 - see Figure 1). Some figures are provided for this area. This analysis contains comparisons of the HALS results to 1986 Census observations regarding the population as a whole and for Metropolitan Toronto. The incidence and types of disability are identified, and figures are presented regarding functional limitations, family status, education, labour force activity and income.

HALS is composed of two surveys, one of households and the other of institutions. The results of the institutions survey are not available for subprovincial areas. As a result, this analysis of results for Metropolitan Toronto focuses on disabled persons in households. The household survey results for subprovincial areas reflect those persons who responded "Yes" to the 1986 Census screening question on disability. However, it was found through CHDS which also used this question that some persons with less

severe disabilities would not be identified in this manner. While adjustments were made to the survey for provincial and territorial results, subprovincial area results focus only on those who answered "Yes" to the Census question, in effect the "more severely disabled persons". (Further details about the Survey can be found in the Appendix.) This analysis begins with an estimate of the proportion of all disabled persons included in the "More Severely Disabled Persons" category.

Figure 1
Subprovincial Area 1 in Metropolitan Toronto



3

A Demographic Profile

The following analysis provides a statistical profile of more severely disabled persons in Metropolitan Toronto based primarily on Census data and HALS.

3.1 Incidence of Disability by Age and Jurisdiction, and Projections

3.1.1 Incidence of Disability by Age and Jurisdiction

Disabled persons in households and institutions comprised 13.9% of the population of the province of Ontario in 1986, or 1,263,210 people. Almost one-half (47.6%) of those 65 years and over have disabilities. More severely disabled persons in households made up 7.6% of the Ontario population in 1986, or 54.5% of all disabled persons; 688,600 people. Given that the profile only contains data on more severely disabled persons, it will tend to be a minimum estimate of the number of people with disabilities.

HALS revealed that in 1986 there were 150,720 "more severely disabled persons" in households in Metropolitan Toronto, approximately 1 person in 14 (or 6.9%). The number of all disabled persons in Metro Toronto can therefore be estimated to be 276,490 in 1986 or 12.6% of the total Metro population (see Table 1).

Close to three-quarters (73%) of more severely disabled persons in households in Metro Toronto are over 44 years of age (see Figure 2). Figure 3 shows that the disability rate, or incidence, increases dramatically with age. While 1.5% of children in Metro Toronto 0-14 years of age in households are more severely disabled, 22.2% or 1 in 5 seniors in households are also more severely disabled. On this basis, it can be estimated that four seniors in ten (40.8%) experience some degree of disability (see Figure 4 and Table 2).

Although the incidence among seniors is relatively high, more severely disabled seniors in households comprised only 2.6% of the total Metro Toronto population in 1986. However, this 2.6% represents 37.2% of all more severely disabled persons in Metro Toronto households, or three times the proportion of seniors in the total population (see Table 1

and Table 3). Slightly greater than 1 Ontarian in 5 with more severe disabilities resides in Metro Toronto households. The 1986 incidence per age group in Metro Toronto tended to be between 5% and 15% less than that of Ontario, with the exception of the incidence of the 45-64 age group in the inner three municipalities, which was almost the same as that of the province.

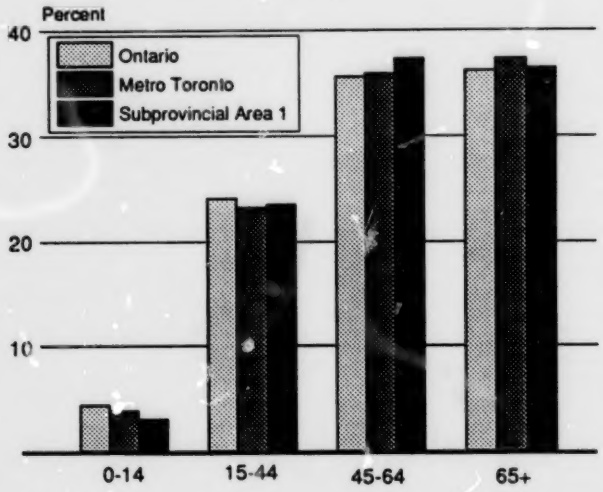
Table 1
Population Proportions, 1986

Age	Estimated Total Disabled Persons**	More Severely Disabled Persons Population	%	Total Population Population	%	Estimated Disabled Persons** % of Total	More Severely Disabled Persons % of Total	% of Age Group
Subprovincial Area 1								
0 - 14	*3,310	*1,805	*2.9	127,350	14.6	*0.4	*0.2	*1.4
15 - 44	26,415	14,400	23.5	444,735	53.9	3.1	1.7	3.2
45 - 64	41,715	22,740	37.2	169,485	19.5	4.9	2.7	13.4
65 +	40,835	22,260	36.4	107,220	12.0	4.8	2.6	20.8
Total	**112,280**	**61,205**	**100.0**	**848,790**	**100.0**	**13.2**	**7.2**	**7.2**
Metropolitan Toronto								
0 - 14	10,190	5,555	3.7	370,085	16.9	0.5	0.3	1.5
15 - 44	64,300	35,050	23.3	1,091,060	49.8	2.9	1.6	3.2
45 - 64	99,225	54,090	35.9	479,395	21.9	4.5	2.5	11.3
65 +	102,775	56,025	37.2	252,165	11.5	4.7	2.6	22.2
Total	**276,490**	**150,720**	**100.0**	**2,192,705**	**100.0**	**12.6**	**6.9**	**6.9**
Province of Ontario								
0 - 14	54,035	29,455	4.3	1,869,390	20.5	0.6	0.3	1.6
15 - 44	304,565	166,025	24.1	4,403,690	48.4	3.3	1.8	3.8
45 - 64	449,230	244,885	35.6	1,835,870	20.2	4.9	2.7	13.3
65 +	455,375	248,235	36.0	992,690	10.9	5.0	2.7	25.0
Total	**1,263,210**	**688,600**	**100.0**	**9,101,640**	**100.0**	**13.9**	**7.6**	**7.6**

* Sampling variability high, use with caution.
** Rounded to nearest 5 persons.

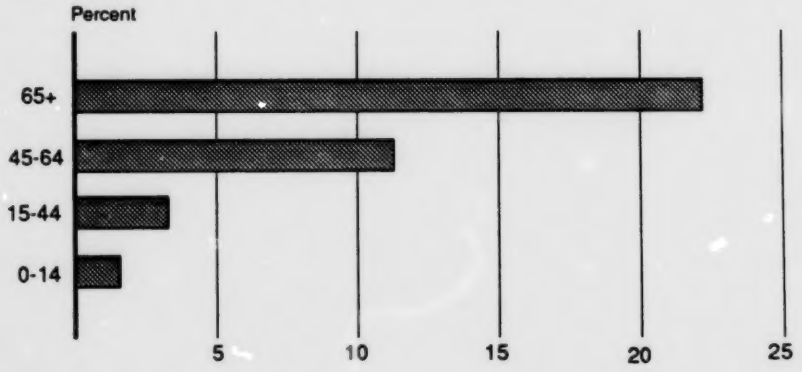
Source: 1986 Census of Population and HALS, Statistics Canada.

Figure 2
Age Distribution of More Severely Disabled Persons



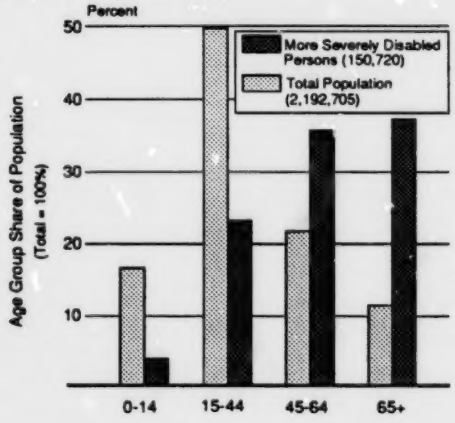
Source: 1986 Census of Population and HALS, Statistics Canada

Figure 3
Incidence of More Severe Disability in Metro Toronto Age Groups, 1986



Source: 1986 Census of Population and HALS, Statistics Canada

Figure 4
Age Distribution in Metro Toronto
Total and Disabled Populations, 1986



Source: 1986 Census of Population and HALS, Statistics Canada

Table 2
Proportions of Disabled Persons by Sex and Age
in Metropolitan Toronto, 1986

	More Severely Disabled Persons in Households			Percentages of Respective Age Groups of the Total Population		
Age	**Both**	**Male**	**Female**	**Both**	**Male**	**Female**
0 - 14	5,555	3,145	2,410	1.5	1.7	1.3
15 - 44	35,050	17,780	17,270	3.2	3.3	3.1
45 - 64	54,090	26,320	27,770	11.3	11.4	11.2
65 +	56,025	20,320	35,705	22.2	20.2	23.5
All	**150,720**	**67,565**	**83,155**	**6.9**	**6.4**	**7.3**

	Estimated Total Disabled Persons in Households and Institutions*			Percentages of Respective Age Groups of the Total Population		
Age	**Both****	**Male**	**Female**	**Both**	**Male**	**Female**
0 - 14	10,190	5,769	4,421	2.8	3.0	2.5
15 - 44	64,300	32,618	31,682	5.9	6.1	5.7
45 - 64	99,225	48,283	50,942	20.7	20.9	20.5
65 +	102,775	37,276	65,499	40.8	37.1	43.2
All	**276,490**	**123,945**	**152,545**	**12.6**	**11.7**	**13.4**

* Based on Ontario ratio of More Severely Disabled Persons in Households to Total Disabled Persons.
** Rounded to nearest 5 persons.
Source: 1986 Census of Population and HALS, Statistics Canada

Table 3
Incidence of Disability, 1986

Populations

Age	% of More Severely Disabled Persons			% of Total Population by Age		
	Ontario	Metro	SPA 1	Ontario	Metro	SPA 1
0 - 14	4.3	3.7	2.9	20.5	16.9	15.0
15 - 44	24.1	23.3	23.5	48.4	49.8	52.4
45 - 64	35.6	35.9	37.2	20.2	21.9	20.0
65 +	36.0	37.2	36.4	10.9	11.5	12.6
All	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Incidence

Age	Incidence by Age versus Province			Index of Disability to Age		
	Ontario	Metro	SPA 1	Ontario	Metro	SPA 1
0 - 14	1.00	0.95	0.90	0.21	0.22	0.20
15 - 44	1.00	0.85	0.86	0.50	0.47	0.45
45 - 64	1.00	0.85	1.01	1.76	1.64	1.86
65 +	1.00	0.89	0.83	3.31	3.23	2.88
All	**1.00**	**0.91**	**0.95**	**1.00**	**1.00**	**1.00**

Incidence by Age versus Province
"Incidence" is used here to mean the proportion of the total population that experiences more severe disabilities. The incidence of disability by age group for Metropolitan Toronto and that of the inner three municipalities of Metro Toronto called Subprovincial Area 1 (SPA 1), are compared to the incidence for the same age group for the province. If the incidence of disability in one of the smaller areas is less than the incidence of the province for that age group, then the relative incidence is less than 1. If the incidence is greater than that of the province, then the relative incidence is greater than 1. The relative incidence of an age group of the province compared to itself equals 1.

Index of Disability to Age
The index reflects a comparison of the proportion of all more severe disabilities that occur in a particular age group versus the proportion of that age group in the total population. The index is the relative frequency of more severe disability by age group to the proportion of that age group in the total population. If the index is greater than 1, then that age group experiences disabilities more often than the total population. If the index is less than 1, then that age group experiences disabilities less than the total population. For example, the incidence of disability among Metro residents 65 years of age and over is 3.23 times the proportion of seniors in the total population.

Source: 1986 Census of Population and HALS, Statistics Canada

3.1.2 Marital Status and Census Family Status

The marital status and census family status of more severely disabled persons generally differ from the characteristics of the total population. The proportion of those widowed in Metro is three times greater among more severely disabled persons than the total population. The proportion of more severely disabled persons residing in Metro living in a census family household (i.e. two married adults with or without children or a lone-parent household) is the same as the proportion for the population as a whole. However, the proportion of more severely disabled persons in households of the inner three municipalities is somewhat less. Slightly greater than 1 in 5 more severely disabled persons were never married, as compared to slightly greater than 1 in 14 of the total population. A significant factor in these observations is that the more severely disabled population in households is comparatively older than the total Metro population in general, and SPA 1 in particular. This suggests that elderly, more severely disabled persons are more likely to be widowed and living with their families than the total population.

3.1.3 Projections of Population and Disability to 2011

The projections of how large the more severely disabled population might be in the future are based on the projections of total population for the Metropolitan Toronto area produced by the Office of Economic Policy of the Ontario Ministry of Treasury and Economics, and the Demographic Model of the Municipality of Metropolitan Toronto. The Provincial projection, published July 1989, reflects current provincial and regional policy directions, including the population target of 2.5 million adopted by the Municipality of Metropolitan Toronto [Ontario Ministry of Treasury and Economics, 1989]. The size of the age and sex (i.e. gender) groupings for each local municipality were derived by prorating the Metro Demographic Model figure for each grouping of each local municipality by the ratio of the Provincial projection for the region to that of the Metro Demographic Model projection at five-year intervals to the year 2011.

These resulting total population projections assume that the historical trends used in the Metro Demographic Model for fertility, mortality and migration for single years of age and sex will continue. The Metro Demographic Model did not allow for migration among the local municipalities. Thus the resulting projections assume that the portion of the population that remains in Metro ages in place. With respect to this study, the assumption implies that the projections do not account for any movement of seniors among Metro's local municipalities during the projection period.

The projections of more severely disabled persons in households were achieved by applying the 1986 incidence of "more severe" disability by groupings of age and sex to the groupings of age and sex of the total population for the area of interest (e.g. Metropolitan Toronto). Therefore, the proportion of disabled persons of each total population group will be the same for every year of the projection.

Due to the aging of the population, the number of people with disabilities is expected to increase three times faster than the total population.

Photo: Barrier Free Design Centre

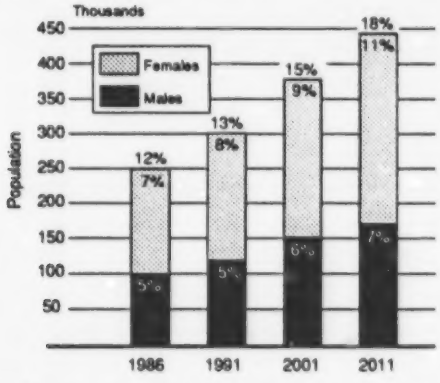
The projections suggest that between 1986 and 2011, the total population of the City of Toronto will likely grow by 17% from 612,330 to approximately 715,730. Metropolitan Toronto is expected to grow by 14% to approximately 2.5 million (see Table 4). The aging of the City and Metro populations is reflected in the relative growth over time of the older age groups as compared to the younger ones. People who are 65 years of age and over are expected to increase from 13% of the population in 1986 to 18% in 2011 (see Figure 5). There are 50% more women than men in this age group.

Table 4
Total Population Projections

Age	1986	%	1991	%	2001	%	2011	%	1986-2011	%
City of Toronto										
0 - 14	89,150	15	95,895	15	104,200	15	83,711	12	-5,439	-6
15 - 44	330,290	54	322,193	51	303,106	45	275,926	39	-54,364	-16
45 - 64	119,610	20	118,024	19	147,337	22	210,648	29	91,038	76
65 +	73,280	12	95,683	15	121,738	18	145,446	20	72,166	98
Total	**612,330**	**100**	**631,795**	**100**	**676,382**	**100**	**715,732**	**100**	**103,402**	**17**
Subprovincial Area 1 (Toronto, East York, York)										
0 - 14	127,350	15	137,354	16	146,643	16	115,684	12	-11,666	-9
15 - 44	444,735	52	434,520	50	403,148	43	362,445	37	-82,290	-19
45 - 64	169,485	20	168,104	19	206,878	22	290,882	30	121,397	72
65 +	107,220	13	135,466	15	170,210	18	200,367	21	93,147	87
Total	**848,790**	**100**	**875,444**	**100**	**926,880**	**100**	**969,379**	**100**	**120,589**	**14**
Metropolitan Toronto										
0 - 14	370,085	17	411,382	18	432,932	18	338,373	13	-31,712	-9
15 - 44	1,091,060	50	1,115,930	48	1,032,732	42	919,364	37	-171,696	-16
45 - 64	479,395	22	491,918	21	598,143	24	806,691	32	327,296	68
65 +	252,165	12	301,484	13	381,105	16	444,507	18	192,342	76
Total	**2,192,705**	**100**	**2,320,714**	**100**	**2,444,912**	**100**	**2,508,935**	**100**	**316,230**	**14**

Source: 1986 Census, Statistics Canada; Municipality of Metropolitan Toronto, 1986; Office of Economic Policy, 1989

Figure 5
Population Projection: Metro Toronto
Percentage of Population, Age 65 Years & Over



Source: 1986 Census of Population and HALS, Statistics Canada; Municipality of Metropolitan Toronto, 1986; Office of Economic Policy, 1989

To the extent that disability is a function of age, the number of more severely disabled persons in Metropolitan Toronto and the inner three municipalities (SPA 1) can be expected to grow significantly by the year 2011. As the population ages, the number of persons with disabilities will increase in comparison to the total population. The number of seniors in Metropolitan Toronto is projected to rise on the order of 76% between 1986 to 2011; the number of persons of pre-retirement age, 45-64 years, are projected to rise approximately 68% (see Table 5 and Figure 6). Given that the incidence of more severe disability increases dramatically with age, and that there will continue to be significantly more senior women than men until 2011, a rapidly increasing proportion of the Metropolitan Toronto population is likely to be composed of more severely disabled seniors, particularly women.

The total number of more severely disabled persons in Metro Toronto households is projected to rise from 150,720 in 1986 to 224,505 in 2011, an increase of 49%. Therefore, the number of more severely disabled persons in Metro households is expected to grow, on average, at three times the rate of the total population between 1986 and 2011. On the basis of this projected increase, it can be estimated that the number of all persons with disabilities in Metropolitan Toronto will likely rise from 276,490 in 1986 to 411,850 by 2011, with disabled persons increasing as a proportion of the total population from 10.2% to 16.4%. Following from the aging of the total population, the number of seniors with disabilities will rise significantly, at a rate more than five times the rate of growth of the total population; the number of persons with disabilities of pre-retirement age will grow at a lesser but similarly high rate.

Table 5
Projections of Numbers of Disabled Persons in Metropolitan Toronto

More Severely Disabled Population, in Households

	1986		1991		2001		2011	
Age	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
0 - 14	3,145	2,410	3,485	2,688	3,657	2,837	2,858	2,218
15 - 44	17,780	17,270	18,267	17,587	17,086	16,106	15,357	14,200
45 - 64	26,320	27,770	26,819	28,680	32,259	35,218	44,173	46,844
65 +	20,320	35,705	24,451	42,506	31,092	53,518	35,221	63,636
Total	**67,565**	**83,155**	**73,021**	**91,461**	**84,093**	**107,679**	**97,608**	**126,898**

Percentage Change in More Severely Disabled Persons, in Households

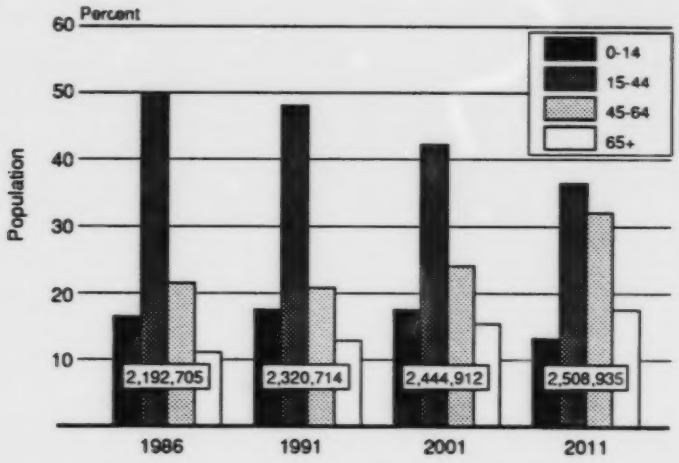
	1986-1991		1986-2001		1986-2011	
Age	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
0 - 14	11	12	16	18	-9	-8
15 - 44	3	2	-4	-7	-14	-18
45 - 64	2	3	23	27	68	69
65 +	20	19	53	50	73	78
Total	**8**	**10**	**24**	**29**	**44**	**53**

Percentage Change in Total Population versus 1986

	1986-1991		1986-2001		1986-2011	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
All	6	6	11	12	13	16

Sources: 1986 Census and HALS, Statistics Canada; Municipality of Metropolitan Toronto, 1986; Office of Economic Policy, 1989

Figure 6
Projected Population Proportions: Metro Toronto (with population totals)



Source: 1986 Census of Population and HALS, Statistics Canada; Municipality of Metropolitan Toronto, 1986; Office of Economic Policy, 1989

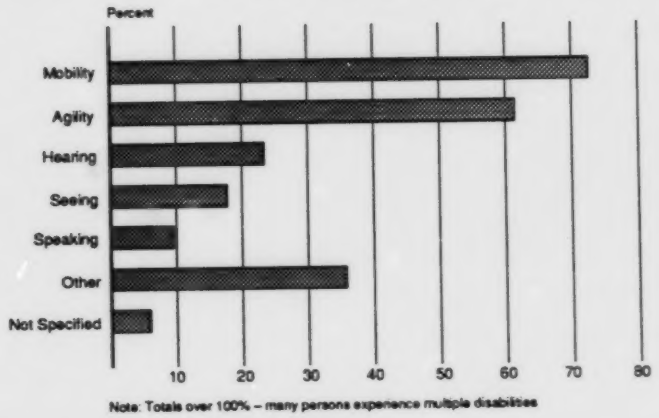
3.2 Functional Limitations, Activity Restrictions and Dependency

It is inaccurate to group persons with disabilities in the one category "disabled people" due to the diversity and varying degrees of disability, and due to the fact that many disabled persons have more than one disability. Instead, terms such as "disabled persons", "persons with disabilities" and "people with disabilities" are currently being used. For definitions of disability categories, see Section A.1 in the Appendix.

3.2.1 Functional Limitations

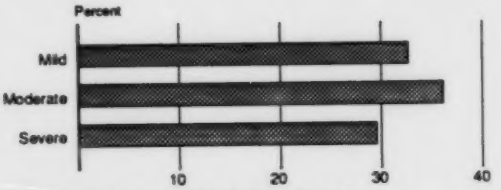
According to HALS, seven in ten more severely disabled persons 15 years of age and over residing in Metro Toronto households experience disabilities relating to physical mobility. Six in ten have agility disabilities. The presence of these disabilities increases with age: mobility disabilities affect 67.2% of more severely disabled persons between 15 and 64 years of age and 79.9% of those 65 and over; agility disabilities affect 56.8% of those 15 to 64 years of age and 68.0% of those 65 and over. Mobility disabilities account for nearly one-third of all reported disabilities. Agility disabilities represent one-quarter of all disabilities that were reported (see Figure 7).

Figure 7
Nature of Disability: Metro Toronto, 1986
Percentage of Persons Reporting, 15 Years of Age & Over



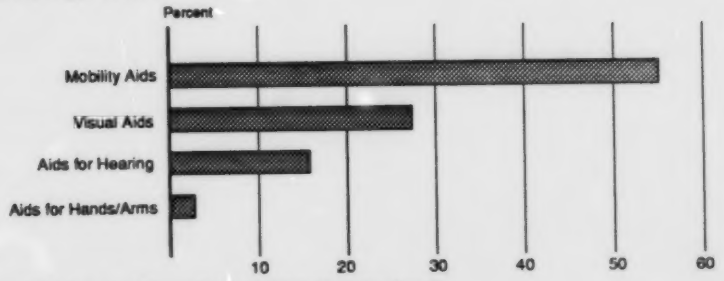
Source: 1986 Census of Population and HALS, Statistics Canada

Figure 8
Degrees of More Severe Disability: Metro Toronto, 1986
15 Years of Age & Over



Source: 1986 Census of Population and HALS, Statistics Canada

Figure 9
Special Aids Used: Metro Toronto, 1986
15 Years of Age & Over



Source: 1986 Census of Population and HALS, Statistics Canada

Seeing and hearing disabilities each affect approximately 1 in 5 more severely disabled persons in households in Metro Toronto 15 years of age and over. Those 65 and over are more than twice as likely to experience each of these disabilities as those 15 to 64 years of age. Speaking disabilities affect 9.3% of more severely disabled persons 15 years of age and over in households (see Figure 7).

Learning disabilities, emotional or psychiatric disabilities, and development delay affect approximately 1 person in 3 of those more severely disabled, 15 years of age and over, residing in Metro Toronto households (see "Other", Figure 7).

3.2.2 Severity

The census screening question on disability, used to select individuals to be interviewed for HALS, resulted in some persons with "less severe disabilities" not being represented in the HALS results for Metro Toronto. For those who are reported on in HALS, in effect the "more severely disabled persons", subcategories of the severity of disability were created.

The severity of disability was measured in HALS via a point system derived from the screening questions regarding "Activities of Daily Living" [Statistics Canada, 1989, p. xxiii]. Those persons residing in Metro households, 15 years of age and over, and more severely disabled, were split relatively evenly among three degrees of severity; "mild", "moderate" and "severe", with a somewhat larger portion having experienced moderate disability (see Figure 8). (See Sections A.1 and A.2 in the Appendices for definitions of these terms and information about the Survey.) However, the severity of disability increased markedly with age. Approximately 38% of those affected who were 15 to 64 years of age experienced mild or moderate disability, whereas approximately 38% of those 65 years and over experienced moderate or severe disability.

Just over one-half of more severely disabled persons, 15 years of age and over and residing in Metro households used aids for mobility in 1986. One-quarter used visual aids. Aids for hearing were used by 15.6%, and aids for hands and arms were used by 2.5% (see Figure 9).

3.2.3 Dependency

The variety of disabilities contribute to the dependency of persons with disabilities on others. Close to 60% of more severely disabled persons in households in Metro Toronto obtain assistance with heavy household chores; 39% with shopping; 35% with normal everyday housework (see Figure 10). At least 80% of those receiving assistance do so from family, friends or neighbours. Almost 14% experience barriers to taking short trips of less than 80 km, and require a companion. One-quarter have trouble driving a motor vehicle. Approximately 15% of more severely disabled persons in Metro households need changes to their housing units to help them enter, leave or move about within their unit. Close to 40% need to have their kitchen and bathroom fixtures modified.

Many disabled persons require assistance from others in carrying out everyday activities. Some require modifications to their housing units to help them move about, or modifications to their kitchen and bathroom fixtures.

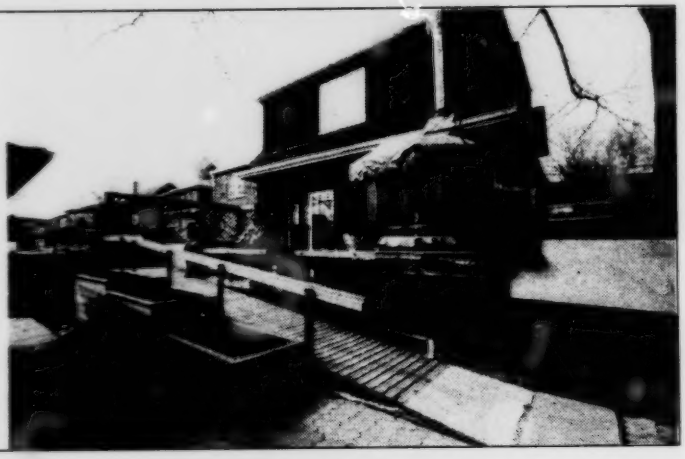
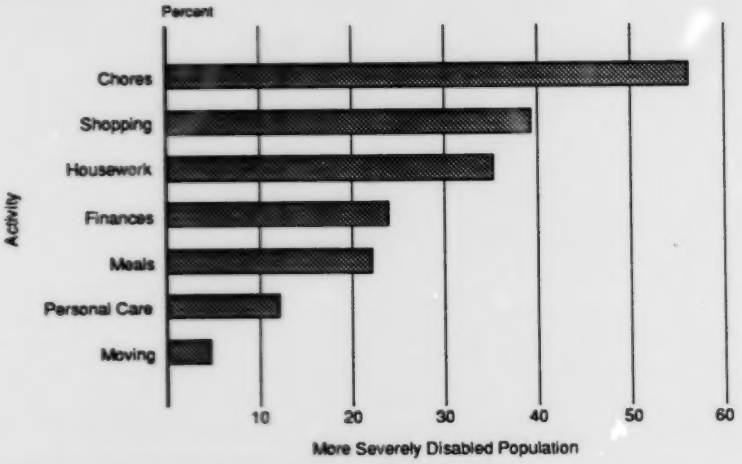


Figure 10
Percentage of More Severely Disabled Persons Getting Help
Metro Toronto, 1986



Source: 1986 Census of Population and HALS, Statistics Canada

3.2.4 Leisure Activities

Leisure activities are also affected by disabilities. The number of hours per month and the frequency per month of leisure activities can be limited by disabilities. Nearly one-half of more severely disabled persons in Metro households indicated that they did not participate in arts, crafts, gardening or other hobbies. About 1 in 5 stated that they did

not use the telephone nor spend time in social activities with family or friends. One-third of more severely disabled persons in Metro households reported a desire to enjoy more activities per month. Just over 1 person in 4 was physically unable to participate more in leisure activities in 1986.

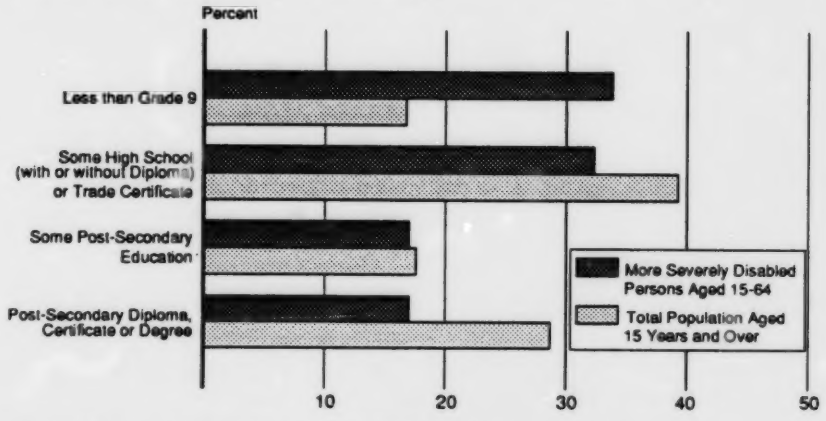
3.3 Education, Labour Force Activity and Income

3.3.1 Education

While the 1986 census profile data on education was reported for those 15 years of age and over, the HALS statistics were reported for those 15 to 64 years of age. This may slightly increase the reported highest level of schooling of more severely disabled persons overall.

Almost 28% of the total population has attained a post-secondary degree, diploma or certificate as compared to 16.7% of more severely disabled persons in households in Metro. Conversely, 34.3% of more severely disabled persons have attained less than Grade 9 as their highest level of education as compared to 15.8% of the total population (see Figure 11). A disabling condition was present during the education of 18,515 (20.8% of all) more severely disabled persons 15 to 64 years of age in Metro households. Between 6.3% and 7.8% of more severely disabled persons 15 to 64 years of age in Metro households discontinued education because of a disabling condition.

Figure 11
Highest Level of Education: Metro Toronto, 1986



Source: 1986 Census of Population and HALS, Statistics Canada

Disabilities can interfere with formal education.

Photo: Barrier Free Design Centre

3.3.2 Labour Force Activity

Only 40% of more severely disabled persons 15 to 64 years of age in Metro households are employed; 5% are unemployed. By comparison, 75% of those 15 to 64 years of age in Metro are employed and 5% are unemployed. About 76% of employed more severely disabled persons in Metro are limited in the kind or amount of work due to disabilities, as are 96% of those unemployed and 88% of those not in the labour force. About 74% of more severely disabled persons not in the labour force are completely prevented from participating by a disabling condition.

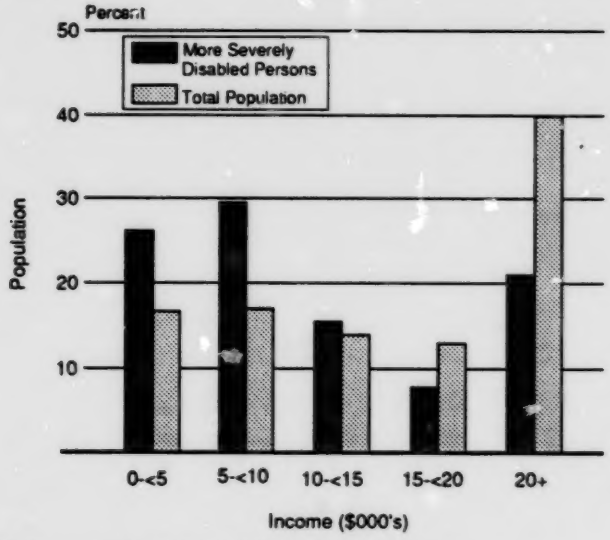
3.3.3 Income Distribution

One-half of more severely disabled persons 15 years of age and over in Metropolitan Toronto households received a total annual income of less than approximately $9,000 in 1986. The median total annual income of more severely disabled persons in the inner three municipalities was $9,550. This includes income related to disability. By comparison, the total population of Metro had a 1986 median total annual income of approximately $16,100. This difference is reflected in the distribution of income among income classes (see Figure 12).

There was a significantly higher proportion of more severely disabled persons in Metro households who received less than $10,000 in annual income versus the total population. A correspondingly higher proportion of the total population received $15,000 and over in annual income as compared to more severely disabled persons in households (see Table 6). In fact, in Metropolitan Toronto, 73% of more severely disabled persons residing in households in 1986 received a median total annual income less than the median income of the total population. Hence, persons with more severe disabilities are relatively worse off as compared to the total population in terms of total annual income.

About 34% of more severely disabled persons in Metro households 15 years of age and over received some income related to disability in 1986. Approximately 59% have out-of-pocket expenses related to disability, such as drugs, special clothing, assistive devices, health-related services and transportation.

Figure 12
Income Distribution: Metro Toronto, 1986
15 Years of Age & Over



Source: 1986 Census of Population and HALS, Statistics Canada

Table 6
Total Annual Income: Metro Toronto, 1986
15 Years of Age & Over

Annual Income	More Severely Disabled Persons	Total Population	More Severely Disabled Persons %	Total Population %
< $1,000	20,800	64,525	14.3	4.0
$1,000 - $4,999	17,440	202,100	12.0	12.5
$5,000 - $9,999	42,910	274,125	29.6	16.9
$10,000 - $14,999	22,340	223,490	15.4	13.8
$15,000 - $19,999	11,325	207,445	7.8	12.8
$20,000 & over	30,340	647,935	20.9	40.0
	145,155	**1,619,620**	**100.0**	**100.0**
Weighted Median	$9,001	$16,098		

Source: 1986 Census of Population and HALS, Statistics Canada

4

Implications and Issues

4.1 Implications: Highlights

The preceding demographic profile highlights the following circumstances in Metropolitan Toronto in 1986:

- Disabled persons comprise 13.9% of the population of Ontario; more severely disabled persons in households comprise 54.5% of that 13.9% or 7.6%. In Metro, the comparable figures are 12.6% and 6.9% respectively. Thus, the profile tends to be a conservative estimate of proportions of the population with disabilities.
- The incidence of disabilities is approximately 1 person in 14; the incidence increases dramatically with age; 1 in 5 seniors were more severely disabled.
- The severity of disability on average increases with age.
- Three-fifths of more severely disabled seniors in households are women.
- Many persons who are more severely disabled experience multiple disabilities; the most-often reported disabilities related to mobility and agility.
- The presence of disabilities causes some persons to seek assistance from others in accomplishing a variety of tasks; at least 80% of such assistance comes from family, friends and relatives, the proportion varying with the task.
- The proportion of those widowed among more severely disabled persons is three times the proportion in the total population, in part a function of the relative ages of the populations on average.
- The ability to participate in leisure activities is affected by disabilities: 1 in 3 more severely disabled persons in households expressed a desire to participate more; just over 1 in 4 indicated that their disabilities prevent them from doing so.
- Only 16.7% of more severely disabled persons in households in Metro has attained a post-secondary degree, diploma or certificate as compared to 27.8% of the total population. Conversely, 34.3% of more severely disabled persons have attained less than Grade 9 as their highest level of formal education as compared to 15.8% of the total population.

- Only 45% of more severely disabled persons in households 15-64 years of age participated in the labour force in 1986 versus 80% of the total population. Disabilities restrict the kind or amount of work for at least 76% of persons with more severe disabilities.
- The median total annual income of more severely disabled persons in households in 1986 was approximately $9,000 in Metro and $9,550 in Metro's inner three municipalities as compared to $16,100 for the total Metro population. In Metropolitan Toronto, 73% of more severely disabled persons residing in households received a total annual income less than the median income of the total population.

This demographic profile suggests that the following trends are likely to occur in Metro in the future:

- The number of more severely disabled persons in households is projected to rise from 150,720 in 1986 to 224,505 in 2011, an increase of 49%, and increasing from 6.9% to 8.9% as a proportion of the total population. The number of all persons with disabilities is estimated to rise from 276,590 to 411,850 between 1986 and 2011.
- The number of more severely disabled persons in Metro households is expected to grow, on average, at three times the rate of the total population.
- As the population ages, the number of seniors with disabilities will rise significantly, at a rate more than five times the rate of growth of the total population; the number of persons with disabilities of pre-retirement age will grow at a lesser but similarly high rate.
- The proportion of the total population which is 65 years of age and over will increase from 11.5% in 1986 to 17.7% by 2011; the proportion of the total that is composed of elderly persons with disabilities will increase from 2.6% to 3.9% of the total population over the same period, and represents more than one-third of all more severely disabled persons.
- Due to the aging of the population, the severity of disability on average will increase over time.

4.2 Issues

Social equity is reflected in the dignity that each person is accorded, and in permitting and encouraging all persons to pursue their aspirations to the fullest of their talents. However, the demographic profile suggests that there exist circumstances which tend to impair social equity for persons with disabilities.

4.2.1 Aging of the Population Implies Increased Presence of Disabilities

The general aging of the population is likely to be reflected in a rapid growth in the number of disabled persons, increasing the demand for services for disabled persons and seniors. The HALS results are not at a sufficiently fine scale to examine the geographic distribution of disabilities within the City of Toronto. However, existing and projected concentrations of older age groups in some areas as compared to others suggests relative concentrations of disabled persons, and thus relatively concentrated geographic sources of demand for such services.

4.2.2 Diversity of Disabilities Requires Recognition in Service Design

The diversity of disabilities makes it difficult to design cost-effective programs and services. The challenges faced by persons with disabilities vary with the nature and severity of disability; they also vary with age, health, income, availability of family and friends, and access to transportation. Consequently, there is a wide diversity of abilities and needs.

Cost-effective service design is particularly difficult when disabled persons are viewed as a "special interest group" rather than an integral part of society. The evaluation of service design depends on the criteria used. Given the diversity of needs of persons with disabilities, if the criteria are focused on maximizing the number served per dollar expended, then some will not be served. If the criteria focus on maximizing accessibility so that all potential users can be served, the service may be exceedingly expensive. No one criterion would appear to be a satisfactory basis for policy selection or service design. It is essential to recall that there are more similarities between disabled persons and non-disabled persons than there are differences [Goldsmith, 1979, p. 11]. Insofar as the needs of disabled persons are the same as those of non-disabled persons, differing only in degree [Wright, 1960, p. 21], the recognition of the right of each individual to the

The recognition of the right of each individual to the opportunity to participate in society as an equal with all others is a useful framework for identifying disparities in social equity and for allocating resources.

opportunity to participate in society as an equal with all others is a useful framework for identifying disparities in social equity, and for allocating resources. At some point in implementing such a framework, a balance must be struck between complete availability and accessibility, and cost. Such a point of balance depends on the relative weight given to different social goals competing for the same scarce resources.

4.2.3 Right of Self-determination Impaired by Physical and Social Isolation

The disparity in the level of participation of more severely disabled persons in households as compared to the total population with regards to education, the labour force, leisure activities, and taking short-distance trips suggests a comparative "isolation" from "mainstream" society, or a lack of opportunity for self-determination on the part of more severely disabled persons. For example, with regards to short-distance travel, "separate but equal" transportation services may be viewed as inequitable by some people [James F. Hickling Management Consultants, 1988, p. 8]. Services that have significant restrictions on bookings or service delivery can reduce a disabled person's control over his or her schedule, and lessen that individual's dignity when the plans of others are affected and "special arrangements" have to be made. Such services, specialized and otherwise, "will need to take into account travellers who have some difficulty in moving about yet who will be desirous of maintaining a measure of mobility and independence" [Transport Canada, 1988, p. 19]. Integrated transportation services which combine door-to-door and accessible fixed-route services (e.g. wheelchair-accessible transit stops) are essential [Ontario Advisory Council for Disabled Persons, 1988b, pp. 14-15]. The lack of opportunity for self-determination is due in part to disabilities, in part to physical barriers to participation, and in part to unintentional and intentional systemic discrimination. Systemic discrimination results when requirements, qualifications, or factors for a product, service or for employment appear neutral, but which have the effect of placing at a disadvantage members of groups designated by the Ontario *Human Rights Code* [Ontario Human Rights Commission, 1981, p. 1]. For example, a requirement that a person must work on Saturdays can result in discrimination if that person practices a religion which observes the Sabbath on Saturdays.

4.2.4 "Feminization" of Disability

The comparatively large proportion of disabled senior women suggests a "feminization" of disability, the situation in which a significantly greater proportion of women experience disabilities as compared to men. This observation is particularly worrisome when combined with the degree of dependency associated with disability, and the apparent relationship between disability, formal education, employment and annual income. In many cases, the presence of disabilities interferes with formal education and labour force participation, restricts leisure activities and contributes to dependence on others.

4.2.5 Barriers to Employment and the Feminization of Poverty

Work-place related barriers to employment include the reluctance of some employers to modify their equipment or work schedules for disabled employees due to cost, and employees who offer assistance in a patronizing manner [City of Toronto Mayor's Task Force on the Disabled and Elderly, 1981, p. 7]. The provision for "reasonable accommodation" of the needs of disabled persons in the *Canadian Human Rights Act* has left many public and private facilities unmodified for use by disabled persons on the basis of the expense being unreasonable in the context of the expected demand [Baker and Young, 1986, pp. 8-9]. "Sheltered workshops" provide employment for persons with disabilities, but often at below the minimum wage and in a form that may be "demeaning" [City of Toronto Mayor's Task Force on the Disabled and Elderly, 1981, p. 11]. Additionally, income support programs and programs which defray the expense of assistive devices may have selection criteria that prevent them from assisting all those disabled persons who might benefit from them [PUSH Ontario, 198?, pp. 21-25].

To the extent that income is related to education and labour force participation, then disability interferes with total annual income, and in turn, social equity, independence, and dignity. Even when disability-related income from government sources is included, the disparity between more severely disabled persons and the total population remains. One must also take into account that a majority of more severely disabled persons have a variety of out-of-pocket expenses related to disabilities. This suggests that disabilities, and the obstacles to participation that arise from physical, systemic and attitudinal barriers, contribute to poverty among disabled persons and the feminization of poverty.

4.3 Observation

While the issues that are described above have been known for some time, the analysis of the HALS results gives them a fuller dimension and magnitude for Metropolitan Toronto. The clearly visible socioeconomic differences between the total population and people with more severe disabilities raises two questions:

1) Are efforts being made to lessen these social inequities?
2) What action can the City of Toronto take in pursuing the goal of eliminating these inequities?

Public policies at all levels of government must respond to the evident social inequities faced by disabled persons. However, municipal government may find its responses constrained by legislation and funding. In the case of municipal planning, the *Planning Act*, 1983 emphasizes physical planning as compared to "social planning", and so it is possible that the *Official Plan* may be somewhat restricted in the area of social equity for persons with disabilities. Moreover, as was previously mentioned, physical barriers to accessibility and integration are social barriers to equity, independence and dignity.

To the extent that these barriers can be addressed in the coordination of service delivery, in physical design, and in the provision for flexibility in planning in general, the City can pursue good planning practice and reflect this approach in its *Official Plan*.

The remainder of the report will address the two questions concerning actions that lessen social inequities, particularly in the context of the City of Toronto and its urban planning process.

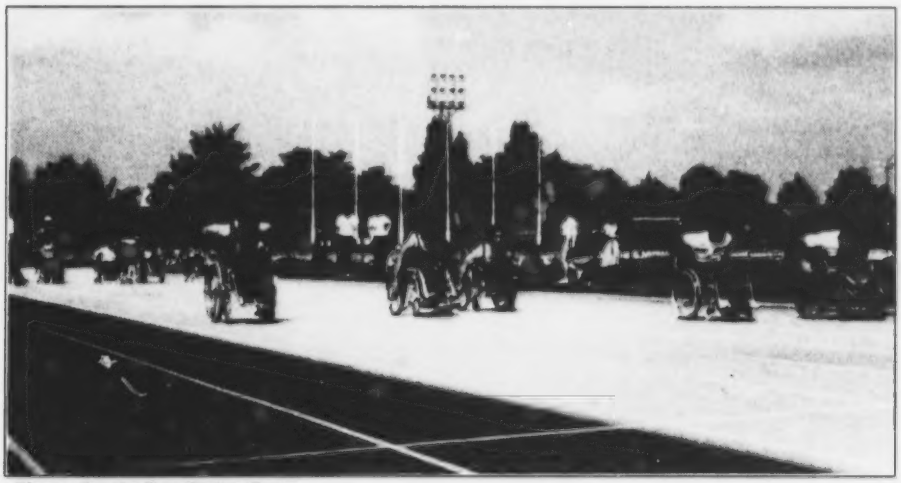


Photo: Barrier Free Design Centre

5

The Policy Context and Initiatives of the City

The evolution of the national agenda on disability sets the environment within which City policy is created and actions are taken. It is within this context that the City must update its *Official Plan* to reflect the growing awareness within the Corporation, within the City limits, and well beyond, of the rights and abilities of disabled persons, and their largely untapped capabilities of making valuable contributions to society.

5.1 The Evolution of the National Public Agenda Regarding Disability

5.1.1 Events

Particularly since 1981, there has been increasing awareness in Canada of disabled persons as full participants in society as voters, employees, consumers, and taxpayers. The United Nations declared 1981 the International Year of Disabled Persons. In preparation for the UN declaration, the Federal Government formed the Special Parliamentary Committee on the Disabled and the Handicapped to report on the needs and concerns of disabled persons in Canada. The final report of the Special Committee, entitled *Obstacles*, covered a wide range of concerns of people with disabilities. Also in 1981, disability was included as a prohibited ground for discrimination in *The Charter of Rights and Freedoms* and the *Canadian Human Rights Act*.

Subsequent to the first UN declaration, the UN proclaimed 1983-1992 the Decade of Disabled Persons. The Proclamation called for respect for the dignity, independence and potential of persons with disabilities, and for services and programs aimed at integrating them into the social and economic fabric of society. The Government of Ontario brought forward a similar Proclamation (see Appendix A.4). In the mid-1980s, the Provincial Government created the Ontario Office for Disabled Persons (formerly the Secretariat for Disabled Persons) under the Minister Responsible for Disabled Persons. The mandate of the Office includes ensuring that the views of people with disabilities are reflected in government policy, and promoting education and awareness regarding disability issues.

The visibility of people with disabilities has increased over time. Terry Fox's run in aid of cancer research, followed by Steve Fonyo's run across Canada, Rick Hansen's wheelchair tour of the world and various government advertisement programs have greatly increased awareness of the concerns and abilities of disabled persons. The general aging of the total population has led to the presence of more elderly persons who are more likely to suffer from chronic ailments that cause disabilities. Medical technology is now able to keep alive many babies with developmental disabilities who would have died only a few decades ago. Spinal cord injuries, especially prevalent among 18- to 30-year-old males, can now be treated, although the injuries may result in lifetime wheelchair use. As the disabled population increases, reform and lobby groups have been formed, demanding protection from discrimination and the full integration of people with disabilities into society [Baker and Young, 1986, p. 3].

5.1.2 Issues

Over the 1980s, statistics have indicated that the level of national unemployment among disabled persons was comparatively high. In 1983, only 57% of persons with disabilities 35-54 years of age participated in the labour force versus 79% of non-disabled persons [James F. Hickling Management Consultants, 1988, p. 8]. In 1986, less than 32% of disabled persons in Ontario were employed in remunerative work as compared to 60% of the general public. Their average income was only 60% of that of persons without disabilities [James F. Hickling Management Consultants, 1988, p. 4]. Many disabled persons have been able to find only temporary or part-time work, and have often been ineligible for Unemployment Insurance, holiday and sick pay, and pension plan membership. Some consumer groups for disabled persons have argued that "separate but equal" transit service (e.g. Wheel-Trans) can assist in lessening this disparity, however some disabled persons argue that such services must provide an "equal" level of convenience [James F. Hickling Management Consultants, 1988, p. 2].

Barriers to integrating disabled persons into the community include: architectural (e.g. the lack of wheelchair ramps); educational (e.g. relatively few books are in braille or on tape); and workplace-related barriers. Architectural barriers can prevent a disabled person from enjoying some of the rights of citizenship e.g. voting, in the case where the polling station is physically inaccessible. Disabled persons have advocated barrier-free design in public and private facilities. "Sheltered workshops" have provided employment for persons with disabilities, but often at below the minimum wage and in a form that may be considered by some to be "demeaning" [City of Toronto Mayor's Task Force on the Disabled and Elderly, 1981, p. 11]. Additionally, there exist barriers to the equal participation in our society of persons with disabilities because of inadvertence or the lack of awareness of special needs.

There has been an growing trend toward the deinstitutionalization of persons with disabilities. Creating institutions and welfare mechanisms "to take care of" disabled persons may fail to recognize the abilities and aspirations of those affected by them. Advo-

cacy groups for disabled persons have been strongly in favour of deinstitutionalization, and programs which give persons with disabilities as much independence as their disabilities allow. Increasingly, methods of dealing with problems related to disabilities are turning away from institutionalized care and segregation. "Independent living centres" have been established across the country which act as resource centres for disabled persons, staffed by disabled persons, providing information on services and programs. However, some social agencies have expressed concerns about deinstitutionalization policies in cases where adequate funds are unavailable for support services for disabled persons in the community. As well, such policies place increasing demands upon municipal services.

Significant, although gradual, efforts have been undertaken to improve services, facilities and opportunities for persons with disabilities. There are trends towards integrating disabled persons into normal schools and ordinary work situations. However, substantial physical, systemic and attitudinal barriers remain.

5.2 Key Initiatives of the City, 1974 - 1989, and Current Policies

The City of Toronto has also contributed to the increasing public focus on issues related to disability. Significant efforts have been made by the City to recognize and respect the rights, autonomy and dignity of disabled persons. Over the last 15 years, the Corporation of the City of Toronto has developed increasing awareness of the factors affecting the quality of life of persons with disabilities. Studies have been carried out, policies designed and actions taken, with the goal of making Toronto a truly accessible city, and a community in which all persons, regardless of disabilities, are treated equally and with dignity. The following section summarizes highlights of the Corporation's initiatives in this area and briefly describes present and future policies. Appendix A.5 lists, in chronological order, highlights of the history of activity by the Corporation of the City regarding accessibility and disabled persons.

5.2.1 City-wide Initiatives

The report of the Mayor's Task force on the Disabled and Elderly in 1974 made a series of broad recommendations on: access, transportation, services, education, employment, leisure and recreation. Its recommendations were implemented where they have fallen within the City's jurisdiction.

In 1975, the *Official Plan* was amended to contain subsections 1.1(i) and (j) "to support, encourage and provide an appropriate level of standards and amenities to serve and meet the needs of the disabled, elderly and infirm" regarding "housing, transportation, employment and income", and "facilitate...ready and convenient access to and movement within buildings and public facilities". The General Zoning By-law was

amended with a provision for a percentage of parking spaces in automobile parking lots for use by disabled persons. In 1978 the Program for the Disabled and Elderly was created in the Development Department. Staff was hired to implement the recommendations of the Mayor's Task Force. Over time, the mandate of the Program expanded, and the Program later became a part of the mandate of the Community Services Division of the Planning and Development Department. Staff of this Division act as a corporate resource for information on matters related to disability.

In 1979, Council created the Home Modification Program to provide financial assistance and technical advice to disabled persons whose homes need modifications for mobility or safety. These funds are used when no other provincial or federal programs exist or are applicable, or are insufficient. The maximum loan is $10,000 of which $4,000 is forgivable. The program also has a maximum income limit.

In 1980, City Council recognized the coming International Year of Disabled Persons (1981), and the following year adopted the Final Report of the Mayor's Task Force on the Disabled and Elderly. The report reviewed the recommendations of the original 1974 report, and found that many of the recommendations had been implemented. The Final Report led to the adoption by Council of *Development Review Guidelines for a Barrier-free Environment*, to require developers to make their buildings accessible to disabled persons through measures introduced as part of the Development Review process. In 1982, the City created of an annual Access Award for significant contributions in improving access for disabled persons in the City.

In 1985 Council created the Steven Fonyo Medal of Courage. This was done in recognition of his inspiration to young people with his run across Canada in aid of cancer research, and in commemoration of the UN International Year of Youth. The award is given annually to an individual with a disability between 15 and 24 years of age from the Metropolitan Toronto area who exemplifies the spirit of Steven Fonyo and whose example has inspired the citizens of the City.

5.2.2 Departmental Initiatives

Over the last 15 years, the City has, through its departments, put into place many policies to increase the accessibility and "usability" of City facilities and services, and to improve the level of accessibility of the urban environment. Through the Department of Public Works, persons with disabilities can apply for exemptions to on-street parking by-laws for their vehicles. Curb ramps have been constructed in nearly all sidewalks at intersections in the Central Core Area, and on request at high priority locations throughout the City. A no-charge snowclearing service is provided for elderly and physically disabled persons. During the 1988-89 winter season, 8,074 seniors and 690 disabled persons registered as recipients of this service. A similar service provided by the City exists for Wheel-Trans users as are specified by Wheel-Trans at about 200 locations. The Front Yard Parking By-law for physically disabled persons provides certain exemp-

tions to disabled residents if they meet the necessary criteria. If disabled drivers or vehicle owners are unable to obtain vehicle parking spaces close enough to their home, they can apply for a parking space in a nearby "No Parking" area.

The Committee of Adjustment evaluates applications for minor variances from zoning regulations. Minor variances may be required for existing buildings in order to allow entrances to be made accessible, for example, with a ramp or wheelchair lift. Each application is assessed on its own merits, with consideration for Council's objectives regarding accessibility and safety. The Committee generally does not waive the requirements for accessible entrances to new buildings.

The Action Committee for People with Disabilities (ACPD), formerly the Interdepartmental Committee on the Disabled, was created in 1984. It assists the City and its departments in developing policies to improve access to facilities and services, and promotes awareness among City staff of the City's accessibility objectives. The Action Committee has established the goal that all City buildings and facilities (including parks) be accessible by the year 2000, and retrofits of such facilities have been proceeding for several years. The Action Committee interprets legislative changes by senior governments and acts to promote barrier-free architecture, design and planning. The ACPD commissioned a report in 1987 on increasing the accessibility of municipal information, services and programs for people with hearing and visual impairments. "Access Toronto" has been circulated to all City Departments for comment and will be circulated to advocacy groups involved in the study. It will be sent to Council early in 1990 for consideration. The report recommends a comprehensive system to facilitate access to information and services in a timely and efficient manner.

The Department of the City Clerk is the major contact point for people with the City, for example in arranging building inspections, or contacting City Councillors. It acquired the City's first Telephone Device for the Deaf (TDD). The Department sends out City materials for brailling and taping, and some staff members are familiar with sign language. This Department would be largely responsible for implementing the ACPD's strategic plan regarding access to municipal information and services.

The Department of Public Health sponsored annual Conferences for Disabled Teens in the early 1980s. The Department has developed a draft policy statement on access for disabled persons to its services. The comprehensive policy would include active measures to ensure physical and communication access to all of the Department's services and programs, for people with disabilities. The focus of the Department is on health promotion and the primary prevention of disease, addressing disability from several directions. This focus is based on a number of elements, including:

- ensuring that people have access to resources for health and that the inequalities in health are reduced and eventually eliminated;

- creating physical environments that are conducive to health; and
- promoting positive health behaviours.

In 1984 the Department of Parks and Recreation hosted the Ontario Games for the Physically Disabled. That same year, Council approved the "10-Year Concept Plan of Major Recreation Facilities". The Plan includes the objective of integrating disabled and non-disabled persons, by making all facilities and programs capable of accommodating physically disabled individuals. From 1986 to 1988 the Department's Recreation Advisory Council for People with Special Needs (RACS) reviewed policy statements for serving persons with special needs. RACS had substantial representation from consumer groups. The Department continues to facilitate contacts between persons with special needs and recreation service providers. Currently, the focus of the Department is on community-based programs for meeting these recreation needs. For example, there are pilot projects regarding children with special needs between 6 and 12 years of age, and a variety of outreach activities and programs involving community agencies and groups.

The City and its Departments have introduced many initiatives over the years to make the City and City services more accessible.

The City of Toronto Non-Profit Housing Corporation, "Cityhome", is a major housing provider but is not a provider of support care. Such care is needed by some persons with disabilities. However, it does facilitate such services by renting its units to interested support groups with funding approval from other levels of government to provide such care. Cityhome's five-year plan will see the development of five thousand housing units in total. The buildings will contain units accessible to people with physical disabilities as well as units that can be modified to suit various other disabilities. Cityhome currently has a policy that 5% of the units in some of its projects will be wheelchair-accessible. A Tenant Services section is being established which will, through a working group of staff and tenants, provide assistance and information to tenants with disabilities.

The Housing Department assists in the local administration of a number of Provincial and Federal housing rehabilitation assistance programs which address accessibility requirements. These include the Ontario Home Renewal Program (OHRP), the Ontario Low-Rise Rehabilitation Program (OLRP) and the federal Residential Rehabilitation Assistance Program (RRAP). OHRP has a component that provides for forgivable loans to homeowners to fix up their homes to local standards and for accessibility requirements where persons with disabilities are permanent residents. OLRP provides forgivable loans per dwelling unit or bed unit for accessibility requirements. RRAP provides assistance for bringing residences up to local standards. The Programs Section of the Housing Department (until recently a part of the Buildings and Inspections Department) administers all paperwork, site inspections, title searches and credit checks associated with the programs, and provides guidance to the applicant in getting through the approvals processes. The Department also administers the City's Home Modification Program mentioned earlier.

By the very nature of their profession, firefighters of the City's Fire Department are trained to aid people with disabilities. The Computer-Aided Dispatch system provides key information on buildings at specified addresses. For example, a particular address representing a retirement home would be noted during dispatch, as would warnings concerning the location of disabled residents. References to floorplans of the building, which are recorded on microfiche, are also included as part of the dispatch information. If a housing facility is to be constructed to house deaf persons, the Department would probably recommend through the Development Review process that flashing lights be installed with the fire alarm system in addition to the normal audio bells.

Since 1975, the City has had formal programs in place to achieve employment equity. Over the years, several outreach recruitment programs have existed in different departments, and they continue to this day. The City's Outreach Recruitment Program of 1980 became a part of the Goals and Timetables Action Plans for civic departments; these were developed over a three-year period and implemented July 1, 1988. The Goals and Timetables program, managed by the Equal Opportunity Division of the Management Services Department, contains strategies to increase the hiring of designated groups, including people with disabilities, by City Departments based on the under-representation of such groups in City staff by occupation. It includes training for managers and supervisors to increase their awareness of issues related to disability through seminars given by Planning and Development Department staff. The program is a proactive initiative for measuring some aspects of the progress toward equity. It is in keeping with the recent amendments to the Ontario *Human Rights Code* which place the onus on the employer or service provider to make "reasonable accommodation" of the needs of people with disabilities.

The external occupational data used to set the employment equity targets came from the 1981 Census of Canada. The Census data did not contain detailed occupational data about persons with disabilities. Consequently, Council required the reassessment of the

goals when 1986 Census data became available. Recently, Council approved the use of estimates of the proportion of persons with disabilities in the working age population as a basis on which to estimate their employment availability. This analysis of the HALS results by the Planning and Development Department should provide some of the figures necessary to update the targets regarding persons with disabilities.

The Cityplan '91 effort to update the plan for the Central Area has involved, and continues to involve, the disabled community. The effort is guided by a Task Force comprised of politicians, citizen representatives, business interests and special interest groups. The Task Force identifies directions that Planning and Development Department staff should take in pursuing planning objectives. These objectives have been organized under the themes of managing growth, improving the quality of life and promoting social equity. Objectives being considered within the theme of promoting social equity address several issues related to disabilities, such as accessibility. The Cityplan '91 process also involves community outreach activity in order to obtain input from the public, including people with disabilities.

5.3 "Reasonable Accommodation", "Undue Hardship" and Employment Equity

In light of the growing attention focused on employment equity, it is useful to review the recent amendments to the Ontario *Human Rights Code*, and the City's employment equity *Guidelines* document.

5.3.1 The Amended Human Rights Code and its Interpretation

In 1987-88, 46% of all employment-related complaints received by the Ontario Human Rights Commission were on the ground of disability [Hinter Starr Associates, 1989, p. 7]. However, people with disabilities have the protection of the Ontario *Human Rights Code*. Until recently, the provision for "reasonable accommodation" of the needs of disabled persons in the *Code* was much more limited. It had required the complainant to prove malicious intent against the individual or people with disabilities on the part of the person responsible for providing the accommodation. This had been the case regardless of the cost of accommodation. Amendments to the *Code* proclaimed in April, 1988 require that where a barrier to access or employment is the lack of physical access or amenity, that persons with disabilities be accommodated in a manner that respects their dignity. Such accommodation must be made except where it would cause undue hardship to the person (or agency) responsible for accommodation. The onus is now placed on the person responsible for accommodation to prove "undue hardship" through demonstrable means. The objective is to uphold the spirit of the *Code* to recognize the inherent dignity and worth of every person; and to provide for equal rights and opportunities without discrimination.

The Ontario Human Rights Commission [1989] has interpreted the amendments in the following way. It is now the responsibility of individuals or businesses providing employment, services or housing to accommodate the needs of persons with disabilities so as to ensure they are treated equally. "Equal treatment" does not necessarily mean the same treatment; in fact it may require different treatment. The standard is the requirement for accommodation of the accessibility needs of persons with disabilities, whenever possible, in such a way that the privacy, comfort, autonomy and dignity of the person is respected. Such treatment must be tailored to the situation of the disabled person(s) directly involved. The individual involved must still be accommodated, if it can be done without undue hardship, even though the cost of accommodating all persons with a given disability who might be affected by a particular barrier may cause undue hardship. Alternative solutions must also be explored. The accommodation can be phased in, and costs amortized, however other immediate steps can be required as well.

Recent amendments to the Ontario *Human Rights Code* require employers and service providers to make "reasonable accommodation" of the needs of people with disabilities to ensure that everyone is treated equally.

Photo: Barrier Free Design Centre

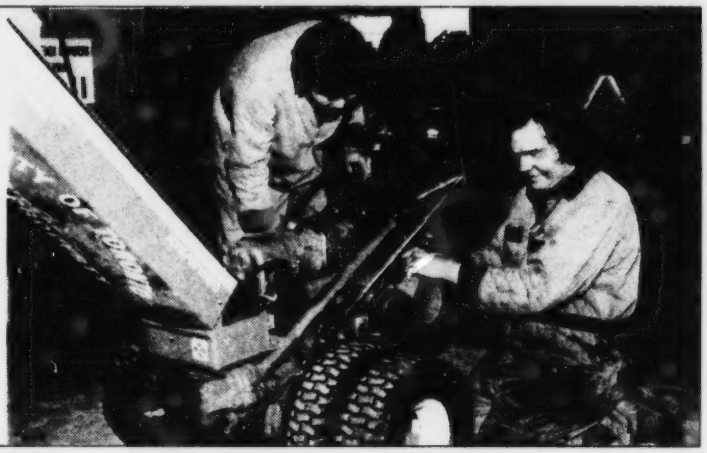
The test for undue hardship may be met if a quantifiable, demonstrable cost is so substantial that it would alter the essential nature of the business or enterprise or affect its viability. Undue hardship may also be shown where the safety risk created by accommodating the person with disabilities outweighs the benefit of enhancing equality. The definition of the term "undue hardship" does not recognize "business inconvenience" or "customer preference" to be served by someone without disabilities. Generally, accommodation is intended to ensure that persons with disabilities have choices regarding their individual life goals, and regarding situations in which they work, live, travel, eat and are entertained.

5.3.2 The City's Response: Employment Equity Guidelines

The Equal Opportunity Division of the City produced *Employment Equity and People With Disabilities, Guidelines For City Managers and Supervisors* in July, 1989. The document expresses the commitment of the City of Toronto to increasing the employment

opportunities at all levels throughout the Corporation of persons with disabilities, women, racial and ethnic minorities and Native Peoples as designated by the *Code*.

G*uidelines* is a tool to assist City of Toronto staff managers to implement the Goals and Timetables program by explaining how the recently-amended *Code* affects people with disabilities in employment [Hinter Starr Associates, 1989, p. 1]. The objective of *Guidelines* is to remove and prevent any confusion of disability with inability to perform essential job duties. Discrimination, intentional or otherwise, prevents persons with disabilities from making "as valid and viable a contribution to [a] department as any other employee" [Hinter Starr Associates, 1989, p. 3]. The City is to promote employment equity through the application of five key factors: inclusion, host environment, equal treatment, the legislative framework, and reasonable accommodation.



The City's employment equity guidelines and Goals and Timetables program are designed to increase the representation of designated groups, including people with disabilities, in occupations in the Corporation of the City of Toronto.

Photo: P. Goodwin

Inclusion of disabled persons throughout the workforce is to occur through the recognition of the competence and abilities of people with disabilities. To keep such persons on staff each Department must maintain a **host environment** of supportive employees who are receptive to people with disabilities. The concept of employment equity requires that people receive **equal treatment** in employment, which does not always mean that all people should be treated the same; the effect of all employment policies and practices must be to have equal impact on all employees and applicants. For example, locations of job interviews must be accessible to people with disabilities.

The **legislative framework** for employment equity regarding persons with disabilities is provided by the *Code*, which states that people with disabilities can be excluded from employment only when they cannot perform the "essential job requirements". A requirement must be proven by the manager to "be integral to the effective, reliable and safe performance of the job" [Hinter Starr Associates, 1989, p.7]. The essential require-

ments of a particular job will vary depending upon the work environment, e.g. if others in the same area in a similar job can perform the function instead. The last key factor in employment equity is the right of people with disabilities to **reasonable accommodation** in employment that would allow them to demonstrate that they can perform the essential job requirements in a reliable and safe manner. *Guidelines* states that financial assistance for technical aids and equipment is available to City Departments from provincial funding sources and the Equal Opportunity Division [Hinter Starr Associates, 1989, p.9].

5.3.3 Conclusion

The unfailing implementation of the Goals and Timetables Action Plans and *Guidelines* will work to ensure that the employment policies and practices of the City reflect the spirit and the letter of the *Code*.

> The City must continue to show leadership in encouraging and promoting the integration of people with disabilities into society, and in protecting the equality, dignity and right to opportunity of all people. This must be true of all City policies, including those specific to land use planning, public participation and the evolution of our urban environment.

5.4 Where are we now?

A review of the evolution of the public agenda regarding disability and the initiatives of the City reveals some general themes in the integration of people with disabilities into "mainstream" society, with respect for their equality, dignity and autonomy. The general themes identified include: accessible public facilities and services (including information dissemination); adequate, affordable housing; accessible public transportation; and employment equity.

The last major review of issues related to disability conducted by the City was the Final Report of the Mayor's Task Force regarding Disabled and Elderly in 1981. It examined broad areas of concern: accessibility of city buildings, parks, housing, transportation, and services; adequate funding for education; employment and income; leisure and recreation.

> This report recommends that the Action Committee for People with Disabilities conduct a review of activities regarding issues related to disability. The review should be of a broad scope, similar to the 1981 Task Force Final Report and produce an evaluation of the impact of changes made over the ten years since the Final Report, 1981 to 1991.

5.5 TTC Transit Services for Disabled and Elderly Persons

One of the key elements of a truly accessible city is the freedom of all people to move about by motor vehicles, especially by an accessible public transit system. As the population ages, the difficulties that the elderly experience in using public transit will become a more prominent issue. At least since the time of City of Toronto Mayor's Task Force report regarding disabled and elderly persons in 1974, it has been noted that determining service standards for public transit is beyond the jurisdiction of local governments in Metropolitan Toronto. However, the accessibility of the TTC conventional and rapid transit services is an important aspect in ensuring the entitlement of all local citizens to autonomy, freedom to move about as they choose, and equal opportunities to participate in urban life. TTC staff have recently completed a two-year study of options for improving the accessibility of the public transit system in Metropolitan Toronto. The presentation of this major strategy by the Toronto Transit Commission provides the opportunity for public debate on alternatives to improve urban accessibility, based on documented research.

5.5.1 The Study

The study begins with a projection of the size of the transportation-disabled population based on the Canadian Health and Disability Survey (CHDS) of Statistics Canada, conducted in 1983-84. Although based on different assumptions, the TTC profile of disabled persons based on CHDS corresponds well with the demographic profile developed in this report based on the more recent HALS results. Ridership forecasts were created for different accessibility options. The forecasts include statistical estimates of the probability that the ridership forecasts are correct, based on input from an "Expert Panel" and the experiences of other North American cities. Using this method, an estimate is given for each option on the prospects of ridership being high enough to reach the financial break-even level between accessible conventional transit and door-to-door service. The recommended option is designed to provide "partial accessibility" to both conventional and rapid transit with a much-improved Wheel-Trans service.

The report argues that travel is a means to an end; people travel to get to a destination for some purpose. Therefore, the report states, the relationship between income, employment status, the choice of mode of travel (e.g. public transit versus auto) and the frequency of travel by disabled persons dictates that without corresponding increases in the number of disabled people who are employed or attending school, significant increases in trip taking by disabled persons is not possible. The report concludes that it is a misconception that disabled persons would be more likely to be employed if the accessibility of the conventional transit system were improved. The report points to U.S. and Ontario surveys indicating that while 60% of non-working disabled people are prevented from working due to their condition, only 1% cited transportation as a problem.

By comparison, the HALS results indicate: that the overall level of education of more severely disabled persons in Metro households is significantly below that of the total

population; that 74% of more severely disabled persons not in the labour force are completely prevented from participating by a disabling condition; and that the median income of more severely disabled Metro residents is considerably less than that of the total population. While the position taken in the TTC report is a matter for public debate, the HALS results, and the interaction of factors they imply, display the same characteristics for the Metro Toronto disabled community as the TTC report argues act to reduce the demand for public transit trips by people with disabilities.

The report further argues that all persons attempt to minimize the time, inconvenience and monetary costs of travel, and thus the auto is the dominant mode of travel in urban areas for both the elderly and disabled communities as well as the general population. The demonstrated preference among disabled persons for specialized door-to-door services (e.g. Wheel-Trans) and taxis over public transit therefore results because these modes are similar to the quality and convenience of auto travel. Citing experience from several large U.S. cities that have pursued full accessibility (especially Seattle), the report says that given the choice between fully-accessible surface and rapid transit, and specialized door-to-door services, the transportation-handicapped have demonstrated a strong preference for the latter. The study points to a significant contributing factor to this preference: a recent U.S. survey indicated that over 70% of disabled travellers have difficulty getting to the nearest bus stop, waiting at bus stops, and standing while riding a bus. About 50% have difficulty getting to a rapid transit station, waiting for the train, riding the train, and getting on and off.

The Ministry of Transportation commissioned a provincial strategic planning framework for transportation for disabled persons. The framework report contained a demographic analysis based on the 1983-84 CHDS. The results suggest that in 1986 just over one-third of all disabled persons 15 years and over in Ontario (34.2%) are unable to walk 400m without rest, and/or stand for 20 minutes and/or use stairs. These persons are estimated to be about 4.6% of the total population or approximately 348,000 individuals. About 2.7% of Ontarians 15 years and over, 205,000 people, experience difficulty boarding or using public transportation [James F. Hickling Management Consultants, 1988, pp. 2-3].

The background research to the TTC report therefore argues against full accessibility on the basis of limited demand and the preference of ambulatory disabled travellers for door-to-door services. The option recommended by TTC staff to the Commission proposes "partial accessibility", and attempts to strike a balance between making the public transit system fully accessible, the mobility needs of ambulatory disabled persons, expected ridership and cost. (See Appendix A.6 for a summary description and evaluation by TTC staff of the proposed options.) Elements of the recommended option include:

- 20 key rapid transit stations (one-third of all stations) to be retrofitted with elevators and other features to be fully accessible over the next 10 years; all new stations would be built to this standard;

- all future buses to be equipped with a kneeling feature;
- fully-accessible community bus service (beginning with a two-year test of two routes) circulating through neighbourhoods connecting senior citizen homes, hospitals, shopping centres and cultural facilities, to the benefit of those people who have difficulty getting to bus stops and rapid transit;
- a minimum level of accessible bus service in all rapid transit corridors where a parallel arterial road exists;
- Wheel-Trans service upgraded to be comparable to the conventional system within 3 years, including reducing rejected bookings to 3% and the call-in period to 24 hours; Wheel-Trans to feed key stations and regular fixed-route buses not to be equipped with wheelchair lifts; and
- a major program of refitting surface and subway vehicles and facilities with physical improvements, to the benefit of visually-impaired and hearing-impaired persons as well as persons who use conventional transit with difficulty.

If the accessibility option proposed by the TTC in its recent report is implemented, it will greatly improve the accessibility and responsiveness of public transit to disabled persons.

Photo: Toronto Transit Commission

5.5.2 Public Responses and Other Observations

Advocacy and consumer groups in the disabled community have expressed strong support for the report, as well as some criticisms. In 1987, the City of Toronto Mayor's Committee on Aging was asked to endorse the "Summary of Process and Principles of the Trans-Action Coalition". The principles, drawn up by a coalition of seniors, persons with disabilities and others with special transportation needs, called for equal levels of urban public transportation services to all people, the removal of barriers to equal access, the phasing in of full accessibility of rapid transit systems, and their integration with door-to-door service. At a public forum held by the TTC in November 1989, the response from the Trans-Action Coalition welcomed the report as a significant first step

toward creating a universally accessible public transit system. Many of the speakers and written responses to the report likewise strongly recommended adoption of the report, some describing it a "first step" in efforts to improve the accessibility of the TTC public transportation system.

The responses to the TTC report tended to strongly support key station accessibility, the fully accessible community bus service, physical improvements to the conventional system, and the Wheel-Trans improvements. The community bus service, evidently a key element in increasing the freedom of elderly, infirm and disabled persons to get around the City, would be tested first if this option were pursued. While this is a reasonable approach to the introduction of any new service or product, it does not represent a commitment to offering the service on a permanent basis throughout Metro. Testing raises the possibility that the service will not be adopted, which would have serious implications for the effectiveness of the "partial accessibility" strategy.

For its part, the TTC report begins with a discussion of two opposing points of view. One view, the report states, holds that the objective is to provide the most transportation benefit to disabled persons per dollar expended, an attempt to balance limited resources against cost per trip, satisfaction and ridership generated. This typically involves specialized door-to-door transportation. The other view holds that the isolation of disabled persons from society is reduced through a fully accessible transportation service. This view argues that regardless of other criteria, social integration should be pursued in this manner if only for its powerful symbolic value. The report observes that neither mode of service delivery can, by itself, meet the needs of all elderly and disabled persons. After thorough analysis, this dilemma will require a policy judgement for resolution. In its response to the report, the Ontario Division of the Canadian Paraplegic Association observed that "some combination of alternative solutions will be required, each focusing on particular needs of particular population segments".

The TTC's funding partners provide the majority of the resources for capital projects. Therefore, the scope and timeframe of the retrofitting and improvements will likely depend on the priority assigned to this project by the Ministry of Transportation and the Municipality of Metropolitan Toronto. During their implementation, the recommended substantial improvement in Wheel-Trans service may be able to meet the majority of the local transportation needs of the disabled community. This opinion was expressed by many of the responses to the TTC report. One benchmark for determining the speed of implementing accessibility improvements is the degree to which the existing services can cope with projected demand. Projections based on HALS results suggest that the number of more severely disabled persons will grow by about 25% between 1986 and 2001. The framework report commissioned by the Ministry projected 30% growth between 1986 and 2000 using CHDS results [James F. Hickling Management Consultants, 1988, p.1].

In evaluating a plan for improved accessibility, the Ministry of Transportation would take into account any advice received from the Ontario Office for Disabled Persons. The Office for Disabled Persons in turn receives advice from the Ontario Advisory Council for Disabled Persons and the Ontario Advisory Council for Senior Citizens. In 1988 the Advisory Councils jointly recommended that the Provincial Government make a commitment to develop a fully integrated transportation system to meet the needs of all Ontarians [Ontario Advisory Council for Disabled Persons, 1988b, pp. i-ii]. Such a system, their report stated, should include a range of accessible vehicles, services and facilities which meet, in a dignified manner and on an equal level, the service needs of the community. The guiding principles of their recommendations were full accessibility and integration, rather than increased mobility [Ontario Advisory Council for Disabled Persons, 1988b, p. 7]. The "partial accessibility" strategy recommended by the TTC report would therefore be a substantial step towards the goal recommended by the Advisory Councils.

At the November 1989 TTC forum, a representative of the Councils suggested that the Human Rights Commission's interpretation of the "reasonable accommodation" provision of the *Human Rights Code* "indicate[s] clearly that universal accessibility to the transportation system is to be provided". The ultimate interpretation of the provision will come from boards of inquiry and the courts. Should the matter of the accessibility of public transportation in Toronto come before the Commission, the decision will give interpretive meaning to the terms "reasonable accommodation" and "undue hardship", and indicate the expectations placed by the Commission on public service providers.

The representative of the Councils noted, as did others, that low-floor vehicle technology (as opposed to kneeling or lift-equipped vehicles) was not addressed in detail in the report. It was also stated that members of the Councils "could not support" the statements made in the report regarding the use of public transit for getting to work. The response to the TTC report from Persons United for Self-Help in Ontario (PUSH Ontario) also criticized these statements, observing that "We [people with disabilities] travel, as other people do, to libraries, museums, shopping, the theater, and to a myriad of other events; when we can find a way".

5.5.3 Conclusion

The conclusions reached by TTC staff depend upon two considerations. Estimating future transportation needs depends on the accuracy of the demographic and ridership projections. The selection of a particular mix of alternatives to meet those needs, using comparisons to other North American cities, depends on the degree to which travellers in Metro Toronto would respond to an accessible public transportation system like travellers elsewhere. Efforts were made to allow margins for error and for differences between the U.S. and Canadian contexts. However, the combined effect of social and institutional differences between the two countries may result in experiences which are not sufficiently comparable.

The TTC staff report and the strategic planning framework produced in March 1988 for the Ministry of Transportation involved the same consultants, and use some of the same data, arguments and methods of analysis. The strategic planning framework, now under consideration, differs from the TTC staff report in that it addresses rural, intercity and interregional transportation in addition to urban transportation. While the partial accessibility option recommended by the TTC staff report appears to fit philosophically within the strategic planning framework, the retrofitting of rapid transit stations and the accessible community bus service elements of the TTC plan appear to significantly exceed the general outline of initiatives being reviewed by the Province.

The accessibility option implemented by the TTC will determine a major factor in the accessibility of Toronto. The recommended option greatly improves the accessibility and responsiveness of the public transportation service to disabled persons. The community has expressed strong support for this option as a first step in making local public transportation accessible in Metropolitan Toronto. A number of criticisms have also been made. Whether this option will be considered acceptable in respecting individual equality and autonomy is a matter for debate. The option eventually implemented must provide in an equitable manner the freedom to move about the city by affordable means. The report has been adopted by the Toronto Transit Commission, and is to go before Metro Council early in 1990.

It is proposed that the Action Committee for People with Disabilities consider the TTC staff report, and recommend a position to City Council.

Photo: Barrier Free Design Centre

6

Planning Policies for the Future

This report has been prepared in order to suggest *Official Plan* policy to the Cityplan '91 Task Force. The analysis of the HALS results provides the background information to the bodies charged with the responsibility of making the civic administration responsive to the needs of persons with disabilities. It is not the intent of this document to duplicate the work already being carried out by the Action Committee for People with Disabilities, the City of Toronto Mayor's Committee on Aging or other such bodies by suggesting corporate policy.

The purpose of the policy study is two-fold. First, the study recommends that the concerns of people with disabilities be more explicitly recognized in the *Official Plan*. Second, the study should serve to make the *Official Plan* broader and more flexible so that its policies work in concert with policies regarding people with disabilities that are beyond the specific preview of land use planning. The strategy of the Cityplan '91 Task Force regarding disability issues involves identifying barriers to achieving social equity, and determining possible options for end results which could facilitate the implementation of social equity objectives. The contribution of this report to that strategy is in describing the growing importance of the issues related to disabilities, how the issues relate to the City of Toronto, and policies related to the *Official Plan* and public participation which assist in the pursuit of social equity among elderly, infirm and disabled persons, and non-disabled persons.

6.1 Official Plan Policies for Consideration

Official Plan Part I Subsection 1.1 makes general statements about the standards and accessibility of buildings, facilities and certain necessities (housing, transportation, employment and income). These statements have remained unchanged since they were put into the *Official Plan* in 1975. The evolution of the public agenda on disability, and the increasing demands by persons with disabilities for integration and independence, require that the *Official Plan* be more specific about the entitlements of people experiencing obstacles to services and opportunities. The policies of the *Official Plan* must describe how the City will seek to protect and promote the dignity, equality and auton-

omy of all people who live, work and travel within its borders. The City has an opportunity to set an example through taking a leadership role in accessibility to its facilities and services, and as an equal opportunity employer.

The revised policies look to the future; a future that contains increasing demand for facilities and services that meet the needs of people with disabilities, being provided with the same limited resources. In some cases the proposed policies reflect existing practices. Recognizing these practices in the *Official Plan* forms the basis for a comprehensive set of planning policies regarding the special needs and social integration of people with disabilities. This opens up debate about current planning practices as a part of the *Official Plan* review process.

The proposed statements are designed within the existing legal framework of the *Official Plan* and attempt to **encourage** the public and private sectors to take action to make the urban environment accessible and improve the quality of life of the elderly, the infirm and people with disabilities. The broad generality of the existing policies will not be undone, but measures of the degree to which the policies have been successfully applied need to be identified in order that the City can meet its future obligations. These proposed additions use language drawn from the Equal Opportunity Division's Employment Equity *Guidelines*, and are based on terms already defined in the *Official Plan*. The additions are organized under the Section or Subsection of the *Official Plan* to which they apply and are shown in **heavy type** below. Terms already defined in the *Official Plan* are shown in *italics*.

6.1.1 The Structure and Quality of the City

Section 1.1 should be amended as indicated to require public buildings and services to be accessible, and encourage private facilities to follow this lead.

Standards and Amenities with regard for Disabled and Elderly **Persons**

1.1(i) It is the policy of Council to support, encourage and provide an appropriate level of standards and amenities to serve and meet the specific needs of the elderly, the infirm, and **people** with disabili**ties**, having particular regard to those standards, amenities and services related to housing, transportation, employment and income, **and all *community services and facilities*, in a manner which respects the equality, dignity and autonomy of each and every individual**.

1.1(j) (i) It is the policy of Council to provide for such amendments to municipal by-laws as necessary in order to facilitate for the elderly, the infirm and **people** with disabili**ties** ready and convenient access to and movement within public buildings and facilities **including structures, *recreation space*, *parks* and public streets, and within private buildings and structures to which the public is allowed access on a regular basis**

including places of employment, *commercial uses*, *retail uses* and *common outdoor space*.

(ii) It is the policy of Council to support and encourage a level of accessibility necessary in order to facilitate for the elderly, the infirm and people with disabilities ready and convenient access to and movement within all existing and future buildings and facilities not addressed by Clause (j)(i), in all common areas and in a proportion of any *residential* development and any non-*residential* development approximating the proportion of persons with disabilities in the total population of the City who would, in the opinion of Council, experience a barrier to using such a building or facility if no accommodation of persons with disabilities was made.

It may be necessary to substitute "Metropolitan Toronto" for "the City" in the Clause above. Metro is the smallest area for which the available data, particularly the HALS results, are statistically reliable, and also describe the characteristics of the large majority of those who live, work, shop or travel in the City.

6.1.2 The Central Area

The foregoing amendment could be used to encourage housing providers to significantly increase the proportion of accessible units in existing and future projects in light of the HALS results. However, this may not always be desirable. Cityhome, the City of Toronto's Non-Profit Housing Corporation, found it necessary not to allocate its units to support care agencies until the agencies had received funding approvals from senior levels of government. This was done to guarantee that the support agencies planning on managing the units in fact had the funding to take on the task and provide the necessary support services once the units were constructed. *Official Plan* Subsection 1A.22 addresses the location of housing suitable for families with children with respect to adequate levels of community services. Similarly, it may be useful to encourage the construction of accessible housing units in areas where there are adequate community services.

A new Subsection should be added to Section 1A after Subsection 1A.24 and before Subsection 1A.25 (with succeeding Subsections renumbered appropriately):

1A.25 It is the policy of Council that housing suitable for persons with disabilities be located within and adjacent to existing *residential* areas and within new *residential* and mixed *commercial-residential* areas in the *Central Area* where an adequate level of *community services and facilities* is provided to serve this population.

A new Clause should also be inserted in Subsection 1A.47 between (i) and (ii) (with Clause (ii) renumbered to (iii)) with the objective of enhancing the quality of life and level of autonomy of persons with disabilities:

1A.47 (a) Since the emerging pattern of pedestrian walkways in private development is one of the major defining elements of urban form in the *Central Core*, and since the success of this pattern depends on the continuity of these walkways with each other and with the larger network of public sidewalks and streets, it is the policy of Council to promote:

(i) the extension where appropriate, of the system of pedestrian walkways in new development at ground level, above ground level and below ground level; and

(ii) the accessibility of the system of pedestrian walkways to the elderly, the infirm and persons with disabilities; and

(iii) the provision of areas bordering such pedestrian walkways which are diverse and comfortable in terms of activity and amenities for pedestrians.

6.1.3 Housing

The wording of Section 2A.1(d) should be updated as indicated:

2A.1 The housing goals of Council are:

(d) the provision of housing which is accessible to and meets the needs of the elderly and **persons with disabilities**.

The current *Official Plan* discusses housing for persons with disabilities only in the context of short-term housing targets. Given the projections of comparatively rapid growth of the numbers of persons with disabilities, and given that in 1986 73% of more severely disabled persons in Metro received a total annual income less than the median annual income of the total population, long-term housing targets for housing suitable for persons with disabilities should be incorporated into the *Official Plan*. As Clause 2A.2(a) is likely to be amended to contain the new long-term housing targets for the City, the following Subclause regarding the housing targets should be added:

2A.2 (a) **and**

(iii) a proportion of the targeted number of dwelling units approximating not less than the proportion of persons with disabilities in the total population of the City be housing suitable for persons with disabilities, and that this housing also be suitable for *low-to-moderate income* households.

The wording of the existing statement regarding short-term targets should be updated as follows:

2A.3 (f) annual targets for the production and provision of housing for individuals and families of *low-to-moderate income*, senior citizens and **persons with disabilities**; and

6.1.4 Parkland and Recreation Space in the Central Core

The wording of Subsection 5.26 regarding the location and accessibility of parks should be updated as follows:

5.26 It is the policy of Council to locate *City parks* in the *Central Core* close to public streets or pedestrian paths and cyclist routes in order that they may be easily viewed and perceived as being public. It is also the policy of Council that steps shall be taken to ensure ready physical access to such facilities to all members of the public, including children, adults, the elderly **and persons with disabilities**.

6.1.5 Education, Research and the Arts, and Post-Secondary Education

Subsection 6.4 should be amended to reinforce the recognition of accessibility in the design of buildings as a means to make possible, in the short- and long-term, the same opportunities in life for people with disabilities that exist for the non-disabled population.

6.4 Institutions for education, research and the arts will be encouraged to design and locate their buildings and projects so as to enhance the appearance **and accessibility** of the City.

With regards to future plans of expansion of major education institutions, it is recommended that Subsection 6.5 also be amended to encourage and support the existing efforts to make post-secondary education accessible to persons with disabilities.

6.5 Council will seek the co-operation of the University of Toronto, Ryerson Polytechnical Institute and other major institutions in co-ordinating the preparation of plans for expansion of these institutions with those of the City. Such co-ordination will be to obtain, among other things:

(i) a street, traffic, parking and pedestrian circulation system which effectively serves the needs of the City and of the institutions; and

(ii) a spatial relationship and design of buildings and open areas to enhance **the accessibility and** the appearance of these major institutional areas of the City.

6.1.6 Transportation

The specific regulation of the levels of public transportation services and the setting of service standards is beyond the jurisdiction of Council. It is important nonetheless for Council to consider policies which will encourage the equitable provision and delivery

of these services within the City. The objective of such policies is to ensure that people with disabilities have the same freedom to move about the City as do people without disabilities, and to further the social integration of people with disabilities. It is therefore recommended that the following Subsection be inserted into Section 7 after Subsection 7.3 and before Subsection 7.4 (with succeeding Subsections renumbered appropriately):

7.4 It is the policy of Council to encourage improving and extending public transportation services in order to provide an equitable level of public transportation services for persons with disabilities.

6.2 Public Participation and Community Empowerment

The proposed amendments to the *Official Plan* cannot stand in isolation. They deal with the (primarily physical) characteristics of the outcome or results of urban planning. Access to community services must also include access to the planning process itself through the forums for public participation. This access to the process must manifest itself as equal access to decision-makers and decision making: equal opportunity to influence issue identification, goal formulation and policy development. The public participation process should have regard for the "reasonable accommodation" provision of the *Human Rights Code*, ensuring equal opportunity for people with disabilities to be informed about, and participate in, urban planning in the City of Toronto.

The most visible means of input into the planning process is through public meetings. These meetings are most effective if they act as a forum for informed debate. Their success depends in turn on disseminating planning information. In order to remove informational barriers to the planning process and provide equal access to the political process, specific actions must be taken and programs implemented. Notice of public

People with disabilities should have equal access to the urban planning process.

Photo: Barrier Free Design Centre

meetings and the public documents associated with them should be available in formats suitable to persons with disabilities. The meetings themselves should be accessible, and the necessary resources on hand so that people with disabilities can participate.

In the case of public notice procedures, providing equal opportunity to participate will require different treatment of persons with disabilities.

> To ensure equal opportunity for all interested persons to participate in the public planning process, notifications of public meetings need to be provided in suitable formats and in such a manner that the disabled community receives the same minimums of advance notice as are provided to the general public.

It may be possible to provide adequate advance notice through the use of a number of media such as newspapers, radio, community television channels, and "Phone-In Info" telephone lines equipped with a Telecommunications Device for the Deaf (TDD) or pre-recorded notices.

> Copies of public documents regarding urban planning and development within the City should be made available in braille, large print or on tape on request. It is recommended that public meetings be held only in locations accessible to persons with disabilities.
>
> Council should also provide sign language interpretation at public meetings where necessary and possible.

"Access Toronto", the strategic plan to increase the accessibility of City information, services and programs to the hearing impaired and the visually impaired communities, observes that "services" such as sign language interpreting and taping for every meeting and/or publication are neither required, due to lack of demand, nor cost effective. However, on that point "Access Toronto" concludes that:

> *...for both moral and legal reasons it is important that the hearing impaired and visually impaired communities have equal access. The recommendations in this report are based on the premise that a comprehensive system should provide sufficient resources to facilitate access, in a timely and efficient manner that minimizes the burden placed on the visually impaired or hearing impaired individual. At the same time, it is expected that some specialized services should be available as they are needed or requested.*
>
> *[ARA Consultants, 1989, p. 23]*

In 1985, the Interdepartmental Committee on the Disabled (now called the Action Committee for People with Disabilities) suggested that closed captioning of television broad-

casts of Council meetings be tested for one year. This matter was deferred, pending the adoption of the aforementioned study.

> Council should again investigate providing closed captioning of television broadcasts of Council meetings.

The consultant's study recommends a comprehensive strategy; its recommendations and implementation timeframe are described in Appendix A.7. It is expected that "Access Toronto" will be considered by Council early in 1990.

In past studies and forums, people with disabilities have remarked that there is a need for service providers in general to coordinate their activities and work together to defragment service delivery. An important aspect of service delivery is providing information. Different alternatives should be examined for improving the delivery of information related to urban planning, and potentially to other City services.

One alternative would be to have a central Register of persons with disabilities so that when a person requests information, the Register can be used to identify a suitable format for providing information to that individual. On the first occasion that someone with disabilities requested information, the appropriate format for providing information would be recorded. When sending out information to any individual, the Register would be checked to see if a particular format was required. However, it may be difficult to keep such a system up to date. Another alternative would be for disabled individuals to request the desired form of communication at the time information is requested. The resources of the relevant Department and the Department of the City Clerk could then be used to provide the information in the appropriate form.

Both approaches require making the community aware of the service. The guide for delivery of the information would be based on experience and the strategic plan to increase the accessibility of services to the hearing-impaired and visually-impaired communities.

> As a part of a comprehensive accessibility strategy, alternative means for disseminating information should be investigated, including creating a central register.

6.3 A Strategy Beyond the Current Powers

The polices recommended above are designed to fit within the confines of the laws and regulations which govern the jurisdiction of municipal councils with respect to land use planning. Together, these policies attempt to sensitize local government to the concerns of people with disabilities. The existing City initiatives and proposed policies address,

in some fashion, each of the themes identified from the evolution of the public agenda regarding disability: accessible public facilities and services (including disseminating information); adequate, affordable housing; accessible public transportation; and employment equity. One of the themes, and an element of urban planning, is the provision of adequate affordable housing. This theme could be more successfully pursued if provincial interests and municipal powers were more fully coordinated.

In July 1989, the Ontario Cabinet approved a provincial policy statement under Section 3 of the *Planning Act*, 1983 issued jointly by the Ministry of Municipal Affairs and the Ministry of Housing regarding the provision of adequate, affordable housing. The "Basis of the Policy" includes the following "objective" (among others): "to ensure that the housing available is adequate and appropriate to the needs of the households in Ontario" [Ontario Ministry of Housing, Ontario Ministry of Municipal Affairs, 1989a, p. 3]. One of the "principles" upon which the objectives are based is: "With a full range of housing types and sizes provided, more households can be adequately and appropriately housed" [Ontario Ministry of Housing, Ontario Ministry of Municipal Affairs, 1989a, p. 4]. In the case of households that include persons with disabilities, "adequate and appropriate" housing must, among other qualities, be physically accessible to, and usable by, persons with disabilities. The *Implementation Guidelines* to the policy statement specifically identifies accessibility as an objective, noting that, among other households,

> *...households with special needs are often excluded from certain forms of housing or certain areas because of a number of factors, including lack of acceptance or existing regulations which inadvertently exclude some households. [Ontario Ministry of Housing, Ontario Ministry of Municipal Affairs, 1989b, p. 3]*

In 1985, hearings were held by the Ministry of Housing regarding proposals to amend the *Building Code* to include provisions for barrier-free design. However, the City of Toronto Commissioner of Planning and Development and the Commissioner of Buildings and Inspections noted at that time that the *Building Code* does not apply to buildings that do not exceed three storeys in height or 600m² in gross area, whether they be for residential or commercial use. Section 3.7 of the *Building Code*, "Barrier Free Design", states that it does not apply to houses, including semi-detached, duplexes, triplexes, town houses, row houses and boarding houses. The Commissioners observed that these exclusions have the effect of allowing many buildings to be built that are not accessible to persons with disabilities.

The provision of adequate affordable housing suitable for persons with disabilities could be assisted by amending the *Planning Act*, 1983 in order to implement this aspect of the provincial policy statement on housing. The amendment would assist the City of Toronto in meeting its present and future obligations regarding the provision of housing suitable for persons with disabilities. The City of Toronto (and other municipalities) could be given the power to *require* housing providers to make a number of dwelling

units in any residential development accessible and with the necessary features built in to make the dwelling units easily adaptable for use by people with disabilities, at least in proportion to the number of persons with disabilities in the total population.

This power could exist as an option for areas designated as areas of Site Plan Control or Community Improvement Project Areas. This power should be specified such that in an area so designated, the municipality would be able to apply Section 3.7 "Barrier Free Design" of the *Building Code* to all buildings, including those currently exempted under Section 3.7 and Section 2.3 "Design and General Review", when such structures are designed by an architect or professional engineer. The amendments to the *Planning Act* would involve (primarily) Subsection 28(6) regarding municipal powers associated with Community Improvement Plans and Subsection 40(4) regarding the approval of plans or drawings with respect to sites within Areas of Site Plan Control.

> In light of the provincial policy statement and the limited housing opportunities available to persons with disabilities and the hardship this can impose, it is proposed that the Action Committee for People with Disabilities, with the assistance of relevant City Departments, renew its investigation into the application of the *Building Code* to all buildings without exception. It is further proposed that in such an investigation the Committee review the strategy described above as a potential option. Should the results of the investigation prove fruitful, it is proposed that Council request the relevant Ontario Ministries to make the changes necessary to implement the strategy.

6.4 Concluding Observation

While significant changes have occurred in Canadian society and in Toronto regarding the accessibility of facilities, services, and opportunities, more needs to be done. Efforts must continue to be aimed at breaking the apparent connection between the presence of disabilities, and the relatively lower levels of formal education, relatively higher unemployment, and the comparatively lower median total annual income of persons with disabilities versus the total population. More needs to be done to eliminate the relatively high occurrence of poverty and the relative concentration of women in the disabled population. These connections result in compounded disadvantages which impair social equity and deny many people equal treatment, respect, dignity and freedom of choice. Future actions by governments, businesses, agencies and individuals should have regard for the objectives of social integration and physical accessibility based on the social entitlements of equality and dignity.

7

Recommendations

The City must continue to show leadership in encouraging and promoting the integration of people with disabilities into society, and in protecting the equality, dignity and right to opportunity of all people. This must be true of all City policies, including those specific to land use planning, public participation and the evolution of our urban environment. The intent of the recommendations of this report is to ensure that the City continues to demonstrate this leadership and brings about real improvement in social equity and the quality of life of people with disabilities. The recommendations are listed below.

1. This report recommends that the Action Committee for People with Disabilities conduct a review of activities regarding issues related to disability. The review should be of a broad scope, similar to the 1981 Task Force Final Report and produce an evaluation of the impact of changes made over the ten years since the Final Report, 1981 to 1991. (Section 5.4)
2. It is proposed that the Action Committee for People with Disabilities consider the TTC report, *Transit Services for Disabled and Elderly Persons*, and recommend a position to City Council. (Section 5.5.3)
3. *Official Plan* Part I Subsection 1.1 makes general statements about the standards and accessibility of buildings, facilities and certain necessities (housing, transportation, employment and income). These statements have remained unchanged since they were put into the *Official Plan* in 1975. The evolution of the public agenda on disability, and the increasing demands by persons with disabilities for integration and independence, require that the *Official Plan* be more specific about the entitlements of people experiencing obstacles to services and opportunities. The policies of the *Official Plan* must describe how the City will seek to protect and promote the dignity, equality and autonomy of all people who live, work and travel within its borders. To achieve this objective, it is proposed that the *Official Plan* be amended as indicated in Section 6.1 of this report. (Section 6.1)
4. Given the projections of comparatively rapid growth of the numbers of persons with disabilities, and given that in 1986 73% of more severely disabled persons in Metro received a total annual income less than the median annual income of the total population, long-term housing targets for housing suitable for persons with disabilities should be incorporated into the *Official Plan*. (Section 6.1.3)

5. To ensure equal opportunity for all interested persons to participate in the public planning process, notifications of public meetings need to be provided in suitable formats and in such a manner that the disabled community receives the same minimums of advance notice as are provided to the general public. (Section 6.2)
6. Copies of public documents regarding urban planning and development within the City should be made available in braille, large print or on tape on request. (Section 6.2)
7. It is recommended that public meetings be held only in locations accessible to persons with disabilities. (Section 6.2)
8. Council should provide sign language interpretation at public meetings where necessary and possible. (Section 6.2)
9. Council should again investigate providing closed captioning of television broadcasts of Council meetings. (Section 6.2)
10. As a part of a comprehensive accessibility strategy, alternative means for disseminating information to people with disabilities should be investigated, including creating a central register. (Section 6.2)
11. In light of the provincial policy statement and the limited housing opportunities available to persons with disabilities and the hardship this can impose, it is proposed that the Action Committee for People with Disabilities, with the assistance of relevant City Departments, renew its investigation into the application of the *Building Code* to all buildings without exception. It is further proposed that in such an investigation the Committee review the strategy described in Section 6.3 of this report as a potential option. Should the results of the investigation prove fruitful, it is proposed that Council request the relevant Ontario Ministries to make the changes necessary to implement the strategy. (Section 6.3)

David Crombie Park is an example of an accessible public park in the City.

Photo: P. Goodwin

Appendices

A.1 The Health and Activity Limitation Survey

The United Nations declared 1981 the International Year of Disabled Persons. In preparation for the UN declaration, the Federal Government formed the Special Parliamentary Committee on the Disabled and the Handicapped to report on the needs and concerns of disabled persons in Canada. In 1981, the final report entitled *Obstacles* cited a lack of national data regarding persons with disabilities. In response, Statistics Canada undertook the Canadian Health and Disability Survey during 1983-84. The 1986 Census of Canada included a question regarding the presence of activity limitations in order to select individuals for a post-censal survey. Subsequently, Statistics Canada conducted the Health and Activity Limitation Survey (HALS) of households and institutions during 1986-87. Approximately 200,000 interviews were conducted, and the results were weighted to estimate the total disabled population [Statistics Canada, 1988, pp. 1-2]. The results were released in mid-1988, providing information at a scale and level of detail not previously available.

The World Health Organization defined disability as follows:

> *In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.*
>
> *[World Health Organization, 1980, pp. 1-2]*

The measurement of disability was operationalized in a set of questions referred to as the "Activities of Daily Living". Statistics Canada modified the disability measurement framework (by adding some questions) for use in its national database on disability. With regard to HALS, individuals 15 years of age and over are not considered disabled if they use a technical aid and that aid completely eliminates the limitation. Also, the disability must be of a minimum six months duration. For children under 15 years of age, HALS used a general question about limitations together with a list of chronic conditions and a list of technical aids. A positive response in any one of the three areas was taken to indicate the presence of a disability. Some of the results were suppressed where the numbers estimated were relatively small with respect to the sample size and the total numbers of disabled persons and thus were not regarded as being of sufficient precision to be published [Statistics Canada, 1988, pp. 2-3].

The nature of a disability refers to the manner in which a person is disabled, which is categorized based on the questionnaire respondent's answers to the "Activities of Daily Living" questions. The categories used in HALS are [Statistics Canada, 1988, pp. xxii–xxiii]:

Mobility:	limited ability to walk, move from room to room, carry an object for 10 metres, or stand for long periods;
Agility:	limited ability to bend, dress or undress oneself, get in and out of bed, cut toe-nails, use fingers to grasp or handle objects, reach, or cut own food;
Seeing:	limited in ability to read ordinary newsprint or to see someone from four metres, even when wearing glasses;
Hearing:	limited in ability to hear what is being said in conversation with one other person or in a group conversation with at least three other people, even when wearing a hearing aid;
Speaking:	limited in the ability to speak and be understood;
Other:	limited because of learning disability or emotional or psychiatric disability, or because of developmental delay; and
Unknown:	limited but nature not specified.

The severity of disability was quantified in HALS [Statistics Canada, 1988, p. xxiii] by adding the individual severity scores of all screening questions, counting 1 point for each partial loss of function and 2 points for each total loss of function. The total score is then classified as follows:

Mild	- Less than 5 points
Moderate	- 5 to 10 points
Severe	- 11 or more points

HALS involved a household survey and an institutions survey. The household survey took place in two stages. The Census disability question, drawn from the Canadian Health and Disability Survey, was known to identify the severely disabled population and some of the less severely disabled population (see Figure A.1). Approximately 112,000 persons were interviewed who were identified in this way. In order to identify less severely disabled persons who had answered "No" to the Census disability question, an additional 72,500 were interviewed. Approximately 5% of these persons answered "Yes" to at least one of the screening questions of HALS and are included in the survey results. The institutions survey involved 1,100 institutions and a sample of 19,100 individuals. Results of this survey were presented at the provincial and territorial level only [Statistics Canada, 1988, p. xl].

Figure A.1
Census Screening Question for Disability

20. (a) Are you limited in the kind or amount of activity that you can do because of a long-term physical condition, mental condition or health problem: *(See Guide)*

At home?

53 ☐ No, I am not limited

54 ☐ Yes, I am limited

At school or at work?

55 ☐ No, I am not limited

56 ☐ Yes, I am limited

57 ☐ Not applicable

In other activities, e.g. transportation to or from work, leisure time activites?

58 ☐ No, I am not limited

59 ☐ Yes, I am limited

(b) Do you have any long-term disabilities or handicaps?

60 ☐ No

61 ☐ Yes

In 1981: Not included.

This was a screening question. The results were used to select a sample for a post-censal survey on disability.

Source: Statistics Canada. Census Handbook, 99-104E, 1988, p.37.
(Reproduced with the permission of the Minister of Supply and Services Canada, 1990.)

Question 20 was a part of Census Form 2B ("the long form") in 1986. This form contained 32 questions, including the nine on Form 2A ("the short form"). Form 2A was distributed to every private household, while Form 2B was distributed to one in every five private households, except in northern and remote areas. In these areas it was distributed to all households to improve the reliability of data for populations too small to support sampling.

Note: "Long term" is defined as six months or more.

A.2 "More Severely Disabled Persons" in Households

This report describes selected characteristics of the population of disabled persons within Metropolitan Toronto and Subprovincial Area 1 (SPA 1) as defined by Statistics Canada - the City of Toronto, the City of York and the Borough of East York, the inner three municipalities. The report is based primarily on the Health and Activity Limitation Survey, with comparisons to 1986 Census observations regarding the population as a whole, for Metropolitan Toronto and SPA 1. The incidence and types of disability are identified, and figures are presented regarding functional limitations, family status, education, labour force activity and income.

The Survey is composed of a survey of individuals in private households and a survey of institutions. The results of the institutions survey is not available for subprovincial areas. Therefore, this analysis focuses on disabled persons in households. To ensure the statistical reliability of the results, the report addresses the demographic characteristics of disabled persons in households within Metropolitan Toronto.

The sample of the less severely disabled persons who answered "No" to the Census disability question was designed to improve the results at the provincial/territorial level and for some CMAs, but was not large enough to provide statistically reliable estimates for the subprovincial areas. Consequently, most of this analysis deals with the figures for only those who answered "Yes" to the Census disability question, or "More Severely Disabled Persons" [Statistics Canada, 1988, pp. viii-x]. Statistics Canada points out that such figures "provide a minimum estimate of disabled persons residing in selected subprovincial areas" [Statistics Canada, 1988, p. x]. This analysis begins with an estimate of the proportion of all disabled persons composed of "More Severely Disabled Persons".

A.3 Population Projections

The population projection for Metropolitan Toronto was obtained from the Office of Economic Policy of the Ontario Ministry of Treasury and Economics. The projection, published July 1989, reflects current provincial and regional policy directions, including the population target of 2.5 million adopted by the Municipality of Metropolitan Toronto [Ontario Ministry of Treasury and Economics, 1989].

The size of the age and sex (i.e. gender) groups for each local municipality was derived from Metropolitan Toronto's Demographic Model projections. The regional population projected by the Province was allocated to each age and sex group of each municipality based on the ratio of the regional figure projected by the Province to the regional figure produced by the Metro Demographic Model for a given year. Therefore, while projections are always estimates based on extending trends of the past into the future, the projections used in this analysis are further complicated by being based on two independently - determined models of regional population estimation. The resulting projections may involve conflicting assumptions regarding the migration of certain age groups and the distribution of the regional population among the local municipalities.

These total population projections assume that the historical trends used in the Metro Demographic Model for fertility, mortality and migration for single years of age and sex will continue. Also, the Metro Demographic Model projection did not allow for migration among the local municipalities. Thus the resulting projections assume that the portion of the population that remains in Metro ages in place. With respect to this study, the assumption implies that the projections do not account for any movement of seniors into or out of the inner three local municipalities during the projection period. For the purposes of this analysis, the projections provide a satisfactory estimation of future population. See Table A.1.

The projections of more severely disabled persons in households were achieved by applying the 1986 incidence of "more severe" disabilities by age and sex to the same age and sex groupings of the total population for the area of interest (e.g. Metropolitan Toronto). Therefore the proportion of disabled persons of the total population will be the same for every year of the projection.

Table A.1
Projections of the Total Population

Age	1986 (1) Both	1986 (1) Male	1986 (1) Female	1991 (2,3) Male	1991 (2,3) Female	2001 (2,3) Male	2001 (2,3) Female	2011 (2,3) Male	2011 (2,3) Female
City of Toronto									
0 - 14	89,150	45,685	43,465	49,505	46,391	53,673	50,528	43,013	40,698
15 - 44	330,290	164,455	165,835	161,581	160,612	153,757	149,349	141,450	134,476
45 - 64	119,610	59,070	60,540	56,696	61,328	70,604	76,733	103,087	107,561
65 +	73,280	27,930	45,350	37,170	58,513	47,546	74,193	55,371	90,075
	612,330	**297,140**	**315,190**	**304,952**	**326,843**	**325,579**	**350,802**	**342,921**	**372,811**
Subprovincial Area 1 (Toronto, East York, York)									
0 - 14	127,350	65,195	62,155	70,711	66,643	75,473	71,171	59,594	56,090
15 - 44	444,735	220,055	224,680	217,060	217,459	203,882	199,266	185,696	176,749
45 - 64	169,485	82,390	87,095	79,443	88,661	97,545	109,333	140,377	150,506
65 +	107,220	40,885	66,335	52,723	82,743	66,504	103,706	76,331	124,037
	848,790	**408,525**	**440,265**	**419,937**	**455,507**	**443,404**	**483,476**	**461,997**	**507,381**
Metropolitan Toronto									
0 - 14	370,085	190,070	180,015	210,592	200,790	221,019	211,913	172,705	165,668
15 - 44	1,091,060	536,565	554,495	551,249	564,681	515,615	517,117	463,429	455,935
45 - 64	479,395	230,960	248,435	235,342	256,576	283,073	315,070	387,619	419,072
65 +	252,165	100,540	151,625	120,979	180,505	153,836	227,269	174,268	270,239
	2,192,705	**1,058,135**	**1,134,570**	**1,118,162**	**1,202,552**	**1,173,543**	**1,271,369**	**1,198,021**	**1,310,914**

Source: (1) 1986 Census of Population and HALS, Statistics Canada
(2) Municipality of Metropolitan Toronto, 1986
(3) Office of Economic Policy, 1989

A.4 Ontario Proclamation of the Decade of Disabled Persons

The United Nations declared 1981 the International Year of Disabled Persons (IYDP). Subsequently, the UN proclaimed 1983-1992 the Decade of Disabled Persons. The Proclamation called for respect for the dignity, independence and potential of persons with disabilities, and for services and programs aimed at integrating them into the social and economic fabric of society. The Government of Ontario brought forward a similar Proclamation, reproduced as Figure A.2.

Figure A.2

PROCLAMATION
OF THE DECADE OF DISABLED PERSONS

WHEREAS the Government of Ontario actively supported the International Year of Disabled Persons in 1981, proclaimed by the United Nations, and

WHEREAS the General Assembly of the United Nations Organization has proclaimed the period of 1983 to 1992 to be the Decade of Disabled Persons, and has adopted the World Programme of Action Concerning Disabled Persons, and

WHEREAS the Government of Ontario fully supports the principles and ideals set forth by the United Nations and is committed to the goals of the fullest possible participation and equality of opportunity for persons with disabilities in the social and economic life of the province, and

WHEREAS the Government of Ontario recognizes the vital role of organizations interested in promoting an understanding of the issues facing persons with disabilities, and in pursuing initiatives and programmes to meet their special needs.

NOW THEREFORE BE IT KNOWN THAT the Government of Ontario, does hereby proclaim 1983-1992 the Decade of Disabled Persons, and requests the citizens of the Province of Ontario to join in the recognition of the role of disabled persons and their organizations, in the planning and implementation of Ontario's response to the World Programme of Action Concerning Disabled Persons, in accordance with this Declaration of Principles which will guide governmental activities.

PRINCIPLES

1 The dignity, independence and potential of persons with disabilities will be respected in all aspects of life.

2 Persons with disabilities have equal rights and equal obligations in common with all citizens to participate in and contribute to community life.

3 Efforts will be made to increase public knowledge and awareness of the abilities and needs of persons with disabilities, in order to break down barriers which exist due to lack of understanding and outmoded attitudes.

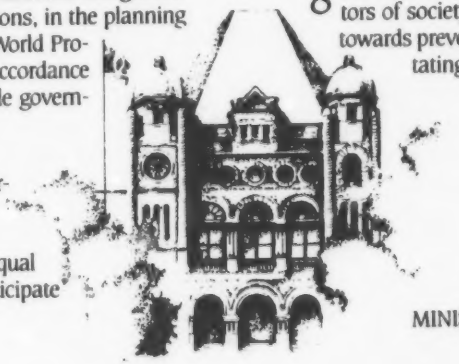
4 Public co-operation will be sought to promote positive action in broadening access of persons with disabilities into the life of the community.

5 Services and programmes will be aimed at integrating persons with disabilities into existing social and economic structures.

6 Minimum standards will be sought where possible for the provision of programmes and services to persons with disabilities throughout Ontario, notwithstanding rural isolation and local economic conditions.

7 The development and participation of organizations representing persons with disabilities is of vital importance in identifying needs, expressing views on priorities, evaluating services, advocating changes and promoting public awareness. This role will be encouraged.

8 Consultation will take place among government and all sectors of society to ensure that co-ordinated efforts are made towards preventing the occurrence of disability, and in facilitating the rehabilitation of those who are disabled, as well as enhancing their quality of life.



PREMIER OF ONTARIO

MINISTER RESPONSIBLE FOR DISABLED PERSONS

Source: Ontario Office for Disabled Persons Copyright: Queen's Printer for Ontario

A.5 Chronology of Key Initiatives of the City, 1974 - 1989

Over the last 15 years, the Corporation of the City of Toronto has developed increasing awareness of the factors affecting the quality of life of persons with disabilities. Studies have been carried out, policies designed and actions taken, with the goal of making Toronto a truly accessible city, and a community in which all persons, regardless of disabilities, are treated with equality and dignity. The following list summarizes highlights of the Corporation's initiatives in this area.

1974 - City Council adopted the Report of the Mayor's Task Force Re: Disabled and Elderly. Report deals with: accessibility of city buildings, parks, housing, transportation, and services; adequate funding for education; employment and income; leisure and recreation; support of Supplement 5 of the National Building Code, "Building Standards for the Physically Handicapped".

1975 - Established the permanent Working Committee of the Mayor's Task Force on Disabled and Elderly (hereinafter "the Working Committee").
- Implementation of recommendations of the Report initiated.
- Official Plan amended to include Subsections 1.1(i) and (j) regarding elderly and disabled persons.
- review of the General Zoning By-law to provide for wheelchair accessibility of public and quasi-public facilities; provision for a percentage of parking spaces for use by disabled persons.

1976 - Council adopts resolutions in support of the accessibility of the City and public transit systems.

1977 - Council endorses Ontario Human Rights Commission report "A Life Together" as it relates to "the physically handicapped"; it recommends inclusion of physical handicap as a prohibited ground for discrimination in the *Human Rights Code*.
- Co-ordinator is hired to implement the recommendations of the Mayor's Task Force.

1978 - The Program for the Disabled and Elderly is created and staff hired in the Development Department to implement the recommendations of the Mayor's Task Force. This later became part of the mandate of the Community Services Division of the Planning and Development Department.
- Funding of posters to promote Disability Awareness Week.
- Cityhome observes that it has a policy that 5% of units in some projects will be wheelchair-accessible, at Neighbourhoods, Housing, Fire and Legislation Committee meeting. (As of June 1989, 170 of 6,500 units have

been modified for wheelchair accessibility; the recently-developed five-year plan will add 5,000 units in total; some of these will be constructed for persons with physical disabilities.)

1979 - A program is initiated to ensure that applications for positions with the Corporation be considered on basis of the abilities and skills of the applicants regardless of any physical disabilities.
- By-law adopted to allow on-street parking for vehicles operated by physically handicapped persons which are issued identification stickers and permits by Metro.
- Snowclearing service by the Department of Public Works for elderly and physically disabled persons' households. (During the 1988-89 winter season, 8,074 seniors and 690 disabled persons registered as recipients of this service.)
- Council creates the Home Modification Program to provide financial assistance and technical advice to disabled people whose homes need modifications for mobility or safety. These funds are used when no other provincial or federal programs exist or are applicable, or are insufficient. The maximum loan is $10,000 of which $4,000 may not have to be repaid. The program also has a maximum income limit.

1980 - Council advises the Province that Bill 188 "An Act to Provide for Rights of Handicapped Persons" is unacceptable in that (a) it has many inadequacies and (b) there exists an overwhelming consensus from disabled community that a separate bill is discriminatory itself (Origin: the Working Committee).
- Council recognizes the coming UN International Year of Disabled Persons (IYDP).
- As a response to inadequate community services to support Provincial policy of deinstitutionalization, Council initiates policy to provide start-up funding for attendant care groups and encouragement for such groups to make use of Cityhome units to provide in-house support services.

1981 - Council adopts the Final Report of the Mayor's Task Force Re: Disabled and Elderly, which found that many of the 1974 recommendations had been implemented.
- Council endorses *Development Review Guidelines for a Barrier-free Environment.*
- By-laws regarding off-street parking for "physically handicapped persons" and on-street parking permits for "physically handicapped drivers", and frontyard parking after passage of special legislation by the Province.
- Outreach Recruitment Program for City Employees initiated to increase number of disabled persons employed by the Corporation; Nominating

Committee struck to increase the fair representation of designated group members for appointment to Boards and Commissions, including persons with disabilities.

- Council establishes a contingency fund of $25,000 administered by the Equal Opportunity Division ($10,000 annually) for the special needs of disabled employees e.g. technical aids.
- Federal Government requested to amend Section 15 of the *Charter of Rights and Freedoms* to protect handicapped and disabled persons from discrimination.
- TTC requested to provide reduced transit fares for seniors.

1982 - Creation of an annual Access Award for significant contribution in improving access for disabled persons in the City.
- Committee on the IYDP of the Public Health Department sponsors the first annual Conference for Disabled Teens, "Getting There". (Committee was created in 1980.)
- The City of Toronto provides a formal response to the Federal government on the *Obstacles* report.
- Council adopts the Final Report of the Mayor's Task Force on Disabled and Elderly, reviewing the implementation of the 1974 Report. Review dealt with access; City-owned buildings; transportation; services; education; employment; leisure and recreation.
- Council requests Metro Council to provide an annual subsidy to the TTC to reduce the fare for GAINS-D pensioners to half the regular price.

1983 - Mayor inaugurates Mayor's Action Task Force on Discharged Psychiatric Patients to coordinate the work of several existing committees, in response to Province's policy of deinstitutionalization and the presence of inadequate community support services.

1984 - Parks and Recreation Department hosts 1984 Games for the Physically Disabled.
- Mayor recommends updating of *Development Review Guidelines for Barrier-free Environment* on behalf of advocacy groups for disabled persons to include environmental design improvements for "the visually handicapped".
- Council approves 10-Year Concept Plan of Major Recreation Facilities which contains an imperative that all recreation facilities and programmes be able to accommodate physically disabled persons.
- Council creates the Interdepartmental Committee on the Disabled to:
  - oversee the implementation of the 1974 Task Force report;
  - co-ordinate interdepartmental initiatives and act as a resource;

- enable Council to monitor City activities relating to "handicapped people", including visually impaired, hearing impaired, developmentally disabled or psychiatrically disabled persons.

1985 - Council approves the implementation of "Goals and Timetables" by City Departments. This includes strategies to increase the hiring of designated groups, including people with disabilities, based on the under-representation of such groups in City staff by occupation.
- Council creates the Steven Fonyo Medal of Courage in recognition of his inspiration to young people with his run across Canada in aid of cancer research, and in commemoration of the International Year of Youth.
- Financial grants made to several disabled persons' advocacy groups (as happened to a lesser degree in other years).
- "Handicapped facilities" retrofitted into several public buildings (as happened to a lesser degree in other years).
- One-year trial of closed captioning of Council Meetings recommended by the Interdepartmental Committee on the Disabled (but not implemented. Recommendation revived pending completion of the study on the accessibility of City services by those with visual and hearing disabilities; see 1987 and 1989).
- Council endorses the resolution of the Provincial Psychiatric Patient Advocate Office on the enfranchisement of psychiatric patients in municipal elections.
- Council endorses the report "Guardianship, Unity in Diversity" by a consortium of advocacy groups assisting the Interdepartmental Committee. Report sets out guiding principles for amending the *Mental Incompetency Act* to balance interventions to protect the health and well-being of the mentally disadvantaged with respect for civil liberties, dignity and autonomy and provided by the *Charter of Rights and Freedoms*.

1986 - Funds allocated for the Department of Public Works to complete the construction of curb ramps at all intersections in the Central Core Area (on recommendation of the Interdepartmental Committee on the Disabled. This activity has been continuing since 1970).
- The Recreation Advisory Council for People with Special Needs (RACS) is created by the Department of Parks and Recreation to review policy statements for serving persons with special needs, and to obtain input from consumer groups about recreation services to persons with special needs. Since 1988 the Department has continued to facilitate contacts between persons with special needs and recreation service providers.
- Council recommends to the Provincial Minister of Health the establishment of a Toronto Community Crisis Centre with a community-based

mobile team to assess and define crises, undertake limited crisis intervention; and provide or facilitate linkages to psychosocial supports in the community. (Origin: Report of the Mayor's Action Task Force on Discharged Psychiatric Patients.)

- Council approves pilot project for a Liaison Worker in the Western Health Area to relate to the ex-psychiatric community, rooming house owners/operators and City staff to assist the Apprenticeship Program for People with Disabilities.

1987 - Interdepartmental Committee on the Disabled commissions a report on access to municipal information and services for people with hearing and visual impairments. (See also 1989 - "Access Toronto".)

- Federal Innovations Program grant of $110,000 to help implement the City's rehabilitation and placement program for disabled employees, including a pilot ergonomics study to reduce accidents and accommodate disabled employees.
- City of Toronto Institute on Women and Work created and research commissioned, entitled: "Barriers to Women's Workforce Participation" which included issues regarding women with disabilities.

1988 - Council approves the Goals and Timetables Action Plans for civic departments; implemented July 1. There was considerable comment from various external groups and advocacy agencies; they generally acknowledged the efforts and leadership role taken by the City but felt that the hiring goals (usually 5% in 1987, changed to 7% in 1988) were too low. Given that only the 1981 Census figures had been available, and in the absence of detailed occupational data, Council required the reassessment of the goals when 1986 Census data became available.

- Creation of the Retrofit Design Award fund to stimulate private sector research into ways to reduce the cost of retrofits needed to make City-owned buildings and environments accessible and usable by everyone including persons with disabilities, enhancing the existing retrofit program.
- The Interdepartmental Committee on the Disabled renamed the Action Committee for People with Disabilities (ACPD). Subcommittees were created: Policy; Retrofit and Design Standards; Communications, Promotion and Advocacy. Council approves new mission mandate emphasizing the implementation of accessibility strategies.

1989 - "Access Toronto", the strategic plan to increase accessibility of municipal information, services and programs for people with hearing and visual impairments, commissioned by the Interdepartmental Committee on the Disabled (now called the Action Committee for People with Disabilities)

is produced by a consultant. The report recommended a "comprehensive system" in order to increase the accessibility of information and services, and the awareness of civic employees. It is expected to be considered by Council in early 1990.

- Due to a continuing lack of detailed external occupational data regarding persons with disabilities needed to set employment equity targets, Council approves the use of estimates of the proportion of persons with disabilities in the working age population as a basis on which to estimate their employment availability.
- Council approves Terms of Reference for a study of various forms of Supportive Housing Facilities to ensure that all Toronto residents, including low income and disabled persons, have the opportunity to live in adequate and affordable housing.

A.6 Description and Evaluation of TTC Policy Options

Following are tables produced by the TTC which summarize the description and the results of the evaluation of the proposed options for increasing the accessibility of the TTC public transit system for the elderly and persons with disabilities. The option recommended by TTC staff is identified as "3A". Also following is a map depicting the "key stations" identified by TTC staff for improved accessibility.

Table A.2
Description of TTC Policy Options

Policy Approach	Option	Wheel-Trans			Accessible Surface	Accessible Subway	TACIA[2]/ Marketing	Kneeling Buses	Community Buses	Escalator Improvement
		Eligibility Criteria	Delivery Mechanism	Feeder Ride to Subway						
Status Quo	1A	Proposed MTO Criteria [1]	Current	No	No	New Stations Only	Minor Effort	No	No	No
	1B	Proposed MTO Criteria [1]	Current and Taxi Scrip	No	No	New Stations Only	Minor Effort	No	No	No
Expanded TTC Role	2A	Unable to Use	Innovative Delivery	No	No	New Stations Only	Minor Effort	No	No	No
	2B	Proposed MTO Criteria [1]	Current	No	No	New Stations Only	Major Effort	100% of All Vehicles	Selected Areas of Metro	No
Partial Accessibility	3A *(Recommended Option)*	Proposed MTO Criteria [1]	Current	Yes	No	New Plus 20 Key Stations	Major Effort	100% of All Vehicles	Selected Areas Plus RT Corridors	Non-Key Stations Only
	3B	Proposed MTO Criteria [1]	Current	Yes	100% of Vehicles on Key Routes	New Plus 20 Key Stations	Major Effort	100% of All Vehicles	Selected Areas Plus RT Corridors	Non-Key Stations Only
Full Accessibility	3C	Proposed MTO Criteria [1]	Current	Yes	50% of All Vehicles	All Stations	Major Effort	100% of All Vehicles	Selected Areas Plus RT Corridors	No
	3D	Proposed MTO Criteria [1]	Current	Yes	100% of All Vehicles	All Stations	Major Effort	100% of All Vehicles	Selected Areas Plus RT Corridors	No

Footnotes

[1] Ministry of Transportation (MTO) proposed eligibility criteria (unable to board, unable to walk 175 metres)

[2] A collection of physical improvements specified by the (provincial) Technical Advisory Committee on Improved Accessibility.

Source: Toronto Transit Commission, August 1989, p.104b.

Table A.3
Summary of Evaluation of Policy Options

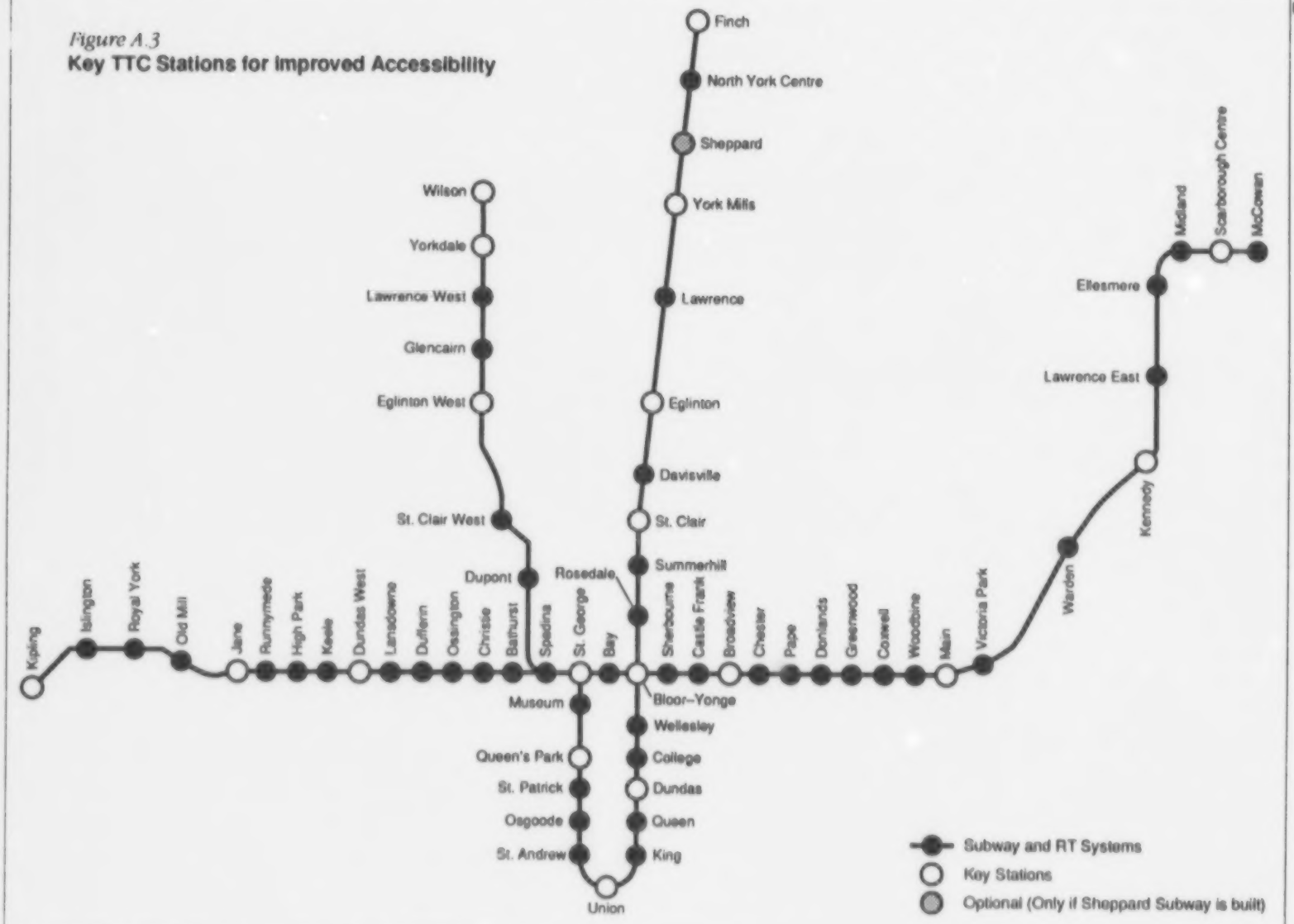
	Limited TTC Response		Expanded TTC Role		System-Wide Accessibility			
	1A	1B	2A	2B	*(Recommended)* 3A	3B	3C	3D
Population Served								
• Number of Disabled and Elderly Persons Benefitting	○	◔	◔	◐	◐	◕	●	●
Ridership								
• Total Trips Generated	○	○	◕	◐	●	●	◕	●
Quality of Trip to Disabled User								
• Convenience to Disabled	○	◔	◐	◕	◕	◕	●	●
• Cost to Disabled	◐	◕	◐	◐	◐	◐	◐	◐
• Flexibility to Disabled	○	◔	◐	◕	◕	◕	●	●
Operational Impacts								
• Impact on Existing Users	●	●	●	●	◕	◕	◕	◕
• Safety and Security	●	●	●	◕	◐	◐	◐	◐
• Impact on Vehicle Capacity	●	●	●	●	◕	◕	◕	◕
Economic and Social Integration								
• Impact on Employment of Disabled Persons	○	◔	◕	◐	◐	◐	◐	◐
• Human Rights	○	○	○	◔	◐	◕	●	●
• Degree of Integration	○	◔	○	◔	◐	◕	◕	●
Organizational Issues								
• Operation Flexibility	●	●	◐	◐	◔	◔	◔	◔
• Control and Accountability	●	◐	◐	◕	◔	○	○	○
• Human Relations	●	◕	◐	●	◐	◐	◐	◐
• Ease of Implementation	●	◔	◕	◐	◐	◔	○	○
Financial Issues								
• Annual Operating Costs	●	●	○	◐	◐	◔	◔	◔
• Capital Costs	●	●	●	●	◐	◔	○	○
• Annualized costs	◕	◕	◔	◕	◔	◔	◔	◔
• Cost/Passenger	◔	◐	◐	◕	●	◕	◕	◕
• Financial Risk	●	●	○	◕	◕	◐	◔	◔
Overall Evaluation								

Rating ● Highest Preference ◕ Second Preference ◐ Third Preference ◔ Fourth Preference ○ Lowest Preference

Source: Toronto Transit Commission, August 1989, p.154b.

Figure A.3

Key TTC Stations for Improved Accessibility



Source: Toronto Transit Commission, August, 1969, p.86b.

A.7 Recommendations to Improve Accessibility of City Services

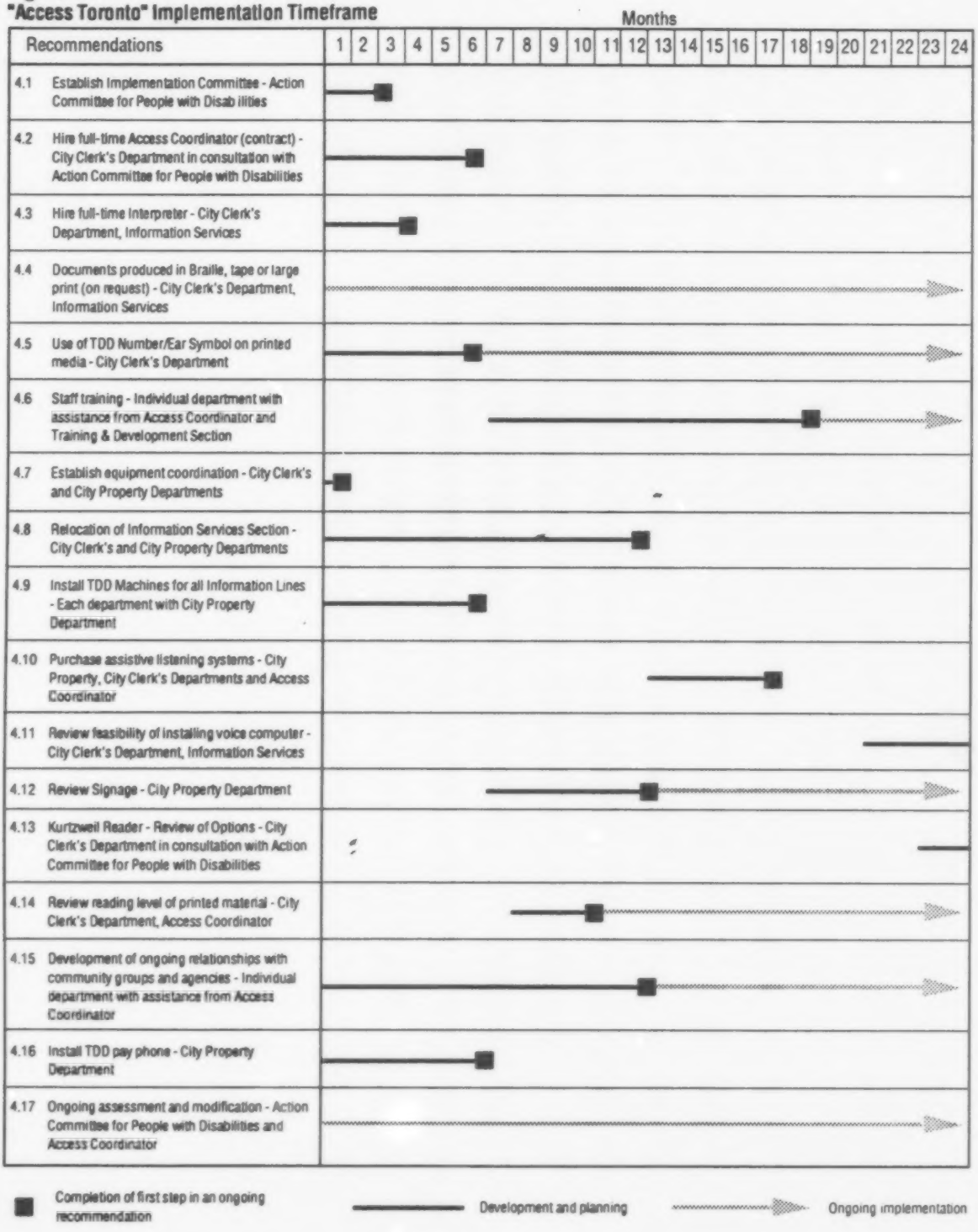
"Access Toronto" is a strategic plan to increase accessibility of information, services and programs to the visually-impaired and hearing-impaired and visual impairments. It is expected to be considered by Council in early 1990. The recommendations and implementation timeframe of a "comprehensive system" to improve the accessibility of City services as presented in "Access Toronto" are displayed in the following table.

Some City Hall employees have been taught American Sign Language (ASL), making City services more accessible.

Photo: P. Goodwin

Figure A.4

"Access Toronto" Implementation Timeframe


Months
Recommendations
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
4.1 Establish Implementation Committee - Action Committee for People with Disab ilities
4.2 Hire full-time Access Coordinator (contract) - City Clerk's Department in consultation with Action Committee for People with Disabilities
4.3 Hire full-time Interpreter - City Clerk's Department, Information Services
4.4 Documents produced in Braille, tape or large print (on request) - City Clerk's Department, Information Services
4.5 Use of TDD Number/Ear Symbol on printed media - City Clerk's Department
4.6 Staff training - Individual department with assistance from Access Coordinator and Training & Development Section
4.7 Establish equipment coordination - City Clerk's and City Property Departments
4.8 Relocation of Information Services Section - City Clerk's and City Property Departments
4.9 Install TDD Machines for all Information Lines - Each department with City Property Department
4.10 Purchase assistive listening systems - City Property, City Clerk's Departments and Access Coordinator
4.11 Review feasibility of installing voice computer - City Clerk's Department, Information Services
4.12 Review Signage - City Property Department
4.13 Kurtzweil Reader - Review of Options - City Clerk's Department in consultation with Action Committee for People with Disabilities
4.14 Review reading level of printed material - City Clerk's Department, Access Coordinator
4.15 Development of ongoing relationships with community groups and agencies - Individual department with assistance from Access Coordinator
4.16 Install TDD pay phone - City Property Department
4.17 Ongoing assessment and modification - Action Committee for People with Disabilities and Access Coordinator
Completion of first step in an ongoing recommendation
Development and planning
Ongoing implementation

Source: ARA Consultants, February 1990, p.23.

Selected References

1. ARA Consultants. *Access Toronto: A Strategic Plan to Increase Accessibility of Information, Services and Programs to the Visually-Impaired and Hearing-Impaired Communities.* The City of Toronto, February, 1990

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